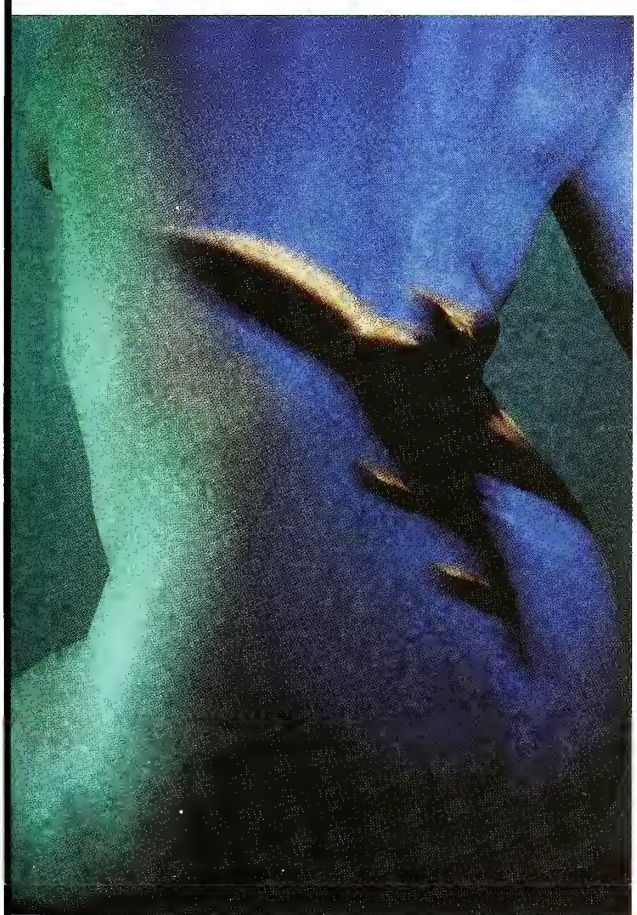
MAY 1 1999

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

All the way to Hong Kong on one dose of Nurofen Long Lasting



New Nurofen Long Lasting can help sufferers of backaches, period pain, non-serious arthritic pains and other muscle and joint pains get on with their lives without the need for frequent re-dosing.[1] Just one convenient dose of Nurofen Long Lasting can ease pain for up to 12 hours.[2]

new

up to **12 hour** pain relief

9 3 6

Designed to **keep going**

ABRIDGED PRODUCT INFORMATION: NUROFEN LONG LASTING. Contains: Each capsule contains 300mg ibuprofen in a sustained release capsule **Indications:** For the effective relief of backache, dysmenorrhoea, migraine, headache, dental pain, non-serious arthritic and rheumatic pain, neuralgia, and muscular pains **Licence Holder:** Crookes Healthcare Limited, Nottingham NG2 3AA. Further information from the licence holder is available on request **Legal Category:** P **Date of Information:** April 1999 **References:** 1. Data on File, Boots Healthcare International, Study 1. 2. Nurofen Long Lasting Summary of Product Characteristics

CROOKES HEALTHCARE

Scots get 1.5p extra per item for 1998-99

Pharmacy 'added value' services in the spotlight

Question time for Council candidates

Steve Dunn is AAH's new managing director

EC may allow more data on drug websites

***Update:** pharmacy's primary target*

Online at http://www.dotpharmacy.com/

Start getting better customers in 15 minutes.

Benadryl Allergy Relief starts working in just 15 minutes. Because it starts working so quickly and lasts for up to 8 hours, your customers only take it when they need it. Its non sedating profile and excellent safety record makes it suitable for most Hay Fever sufferers. No non-drowsy allergy relief tablet works as fast, so the faster you recommend it, the faster they'll start to feel better.

No non-drowsy allergy tablet works as fast.

Presentation: Capsules containing 8mg Acrivastine. **Uses:** Allergic rhinitis and allergic skin conditions. **Dosage:** Adults and children over 12: one capsule up to 3 tir a day. Not for use in the elderly (over 65 years). **Contra-indications:** Hypersensitivity to Acrivastine or Triprolidine or renal impairment. **Precautions:** It is usual to ad patients not to undertake tasks requiring mental alertness while under the influence of alcohol and other CNS depressants. Caution during pregnancy. **Side effe** Reports of drowsiness are extremely rare. **Price (ex VAT):** 12s £3.46, 24s £6.01. **Legal category:** P. **Licence holder:** Warner Lambert Consumer Healthcare, Ches Avenue, Eastleigh, SO53 3ZQ. **Product licence number:** 15513/0035. **Date of preparation:** March 1999.

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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REGULARS

COMMENT

The NHS is doing little directly to fund or develop pharmaceutical services, but pharmacists are increasingly involved with schemes along the lines anticipated by the Royal Pharmaceutical Society's 'New Age' initiative. True, only 22 per cent of those at the Society's Manchester roadshow claimed to be personally involved in the 'New Age', but an infrastructure to allow involvement is developing. It is all too easy to let the grief of getting there mask the extent of progress. Last spring, the National Prescribing Centre identified 130 local NHS prescribing support initiatives. This week, its director (**Update**, pi) makes the obvious point that the advent of primary care groups *et al* has dramatically accelerated the number and range of such services. And there is now to be a primary care pharmacists' group (p6) - a sure sign of a professional niche coming of age! There are other indicators, too. Pharmacy Alliance is recruiting 30 new members a month and has launched three new medicine management services (p5). AAH has evaluated the results of its Community Health Services pilot programme in 33 pharmacies, and is positive about a national roll out. These latter initiatives are important because they are potentially rewarding opportunities, independent of the NHS. They also demonstrate that the public is prepared to buy healthcare outside the NHS and that the cost of such services is not a major barrier. There is good evidence that many pharmacists in the past have been unwilling to charge a realistic price for professional services, a condition described by PSNI's president, Dr Terry Maguire, as 'professional schizophrenia'. Misguided restrictions on pharmacists' commercial activities have pushed many into a mindset that has hampered developments. For pharmacists to make a go of what is available that psychological barrier must be swept away.

Editor Patrick Grice, *MRPharmS*
Assistant Editor Maria Murray, *MRPharmS*
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Published Saturdays by Miller Freeman UK Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW
Telephone: 01732 364422
Fax: 01732 361534
E-Mail: chemdrug@dotpharmacy.com
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Ranitidine set to become GSL

Ranitidine could become a General Sales List medicine if proposals in the latest MLX from the Medicines Control Agency are accepted.

Issued on April 20, MLX 252 seeks to add ranitidine to the GSL Order "for the symptomatic relief of heartburn, indigestion, acid indigestion and hyperacidity, with a maximum strength of 75mg and a maximum dose of 150mg (two tablets)". It also wants to restrict pack sizes to a maximum of 12 tablets.

Other changes proposed in the consultation letter are:

- to allow lignocaine hydrochloride to be sold GSL with a maximum strength of 2 per cent for external use for persons age 12 years and over. It is currently available GSL at a strength of 0.7 per cent, and lignocaine 2 per cent has been allowed on the GSL order since last year
- to increase the strength of GSL zinc sulphate from 0.25 per cent to 1 per cent if sold for external use
- to include 'backache' in the list of GSL indications for topical ibuprofen up to 5 per cent, to bring it into line with oral GSL ibuprofen 200mg.

Comments should be sent to Dugan Cummings, room 1109a, Medicines Control Agency, Market Towers, 1 Nine Elms Lane, London SW8 5NQ to arrive by June 1, 1999.

DPP promotes appropriate use of NHS services

More than one in three patients attending accident and emergency departments with minor ailments think they are the appropriate place for treatment, according to a Doctor Patient Partnership audit. The A&E doctors and nurses think 70 per cent of those attending inappropriately could be treated by their GP.

The audit was carried out in nine A&E departments over the Easter bank holiday and found that when their GPs' surgeries are closed, 15 per cent of patients think it is appropriate to visit A&E.

To raise public awareness of appropriate health service use, the DPP has launched the 'When is an emergency not an emergency?' campaign.

The scheme aims to improve understanding of different NHS services through a leaflet and poster campaign in GP surgeries and hospitals.

The campaign encourages patients to visit their GP, pharmacist, or ring NHS Direct instead of going to A&E.

Scottish contractors to receive extra 1.5p per item for 98-99

Scottish contractors are to be paid a lump sum equivalent to 1.5p for each item dispensed during the last financial year, following an underspend of the global sum.

The underspend, estimated to be about £850,000, was due to a mild winter, stricter antibiotic guidelines, and fees being set at a "prudent level" after a large clawback the previous year. Contractors are usually subject to a clawback and this is "quite an unusual situation", said George Romanes, chairman of the Scottish Pharmaceutical General Council.

The SPGC realised at the end of March that the global sum was not going to be spent and this one-off payment is a result of its request to the Scottish Office. Mr Romanes said: "I am pleased that the Scottish Office has responded quickly to our proposal to pay this money now." Payment will be received at the end of May.

Negotiations for the 1999-2000 pay settlement have not yet started and Mr Romanes does not expect them to begin until after the Scottish parliamentary elections.

- Inadequate stock levels of generic medicines in Scotland is a "huge problem", said Mr Romanes. Supplies of bulk packed generics are running out before patient packs become available and the Scottish Drug Tariff cannot keep pace with the volume of new patient packs. In some cases pharmacists can endorse with a brand name if neither bulk nor patient pack are readily available (see **In Brief** column).

Alliance UniChem sets up European forum to discuss pharmacy

A European Pharmacists' Forum enabling pharmacists to exchange pharmaceutical views on a European level has been founded by Alliance UniChem.

Its first meeting took place last month in Paris and UniChem's non-executive director, Mike Smith, was named as the first president.

The Forum's main role is to improve existing and develop new services and relationships between pharmacists and Alliance UniChem. Other areas covered at the meeting were economic opportunities for pharmacists, the defence of pharmacy, and the monitoring and development of healthcare legislation at a European and national level.

Delegates at the European Pharmacists' Forum meeting (front, left to right): Mike Smith, president; Ornella Barra, an Italian delegate; and Barry Andrews, managing director, Moss Chemists. Other UK delegates were David Sharpe and Barry Shooter

Boots withdraws diabetic foods

Boots has removed diabetic foods from all its stores following discussions with the British Diabetic Association.

"We have balanced the wishes of our customers with the guidelines from the BDA," said a Boots spokesman.

The BDA said: "Boots has accepted the consensus of healthcare professionals throughout Europe that 'diabetic' foods are not a necessary part of the diet for diabetes. This is a tremendous step forward."

Diabetic foods were introduced at a time when the focus was on sugar-free diets. It is now important that people base their meals on starchy carbohydrate foods with plenty of fruit and vegetables, said the BDA.

GHP 'disappointed' by candidates

The Guild of Healthcare Pharmacists is "disappointed" that there are no hospital pharmacy candidates for election to the Council of the Royal Pharmaceutical Society this year.

Helen Remington is the only hospital pharmacist on Council at present. Ian Simpson, professional secretary, GHP said this has made the Guild "very aware of Mrs Remington's work and demonstrates the benefit of having a hospital pharmacist on Council".

The Guild encourages its members to run for Council, but it is "a measure of the pressure which hospital pharmacists are under" that very few stand, said Mr Simpson. They are also reluctant to stand because locum expenses are not paid to Council members. Comments on the hospital agenda are made through "lots of informal contacts" at the society, said Mr Simpson.

Hazlehurst joins Bradford HA board

Bradford pharmacist Richard Hazlehurst has been appointed a non-executive director of Bradford Health Authority.

He succeeds Dr Peter Rennie, who stood down to become chairman of the Bradford North Primary Care Group. The appointment is for four years.

Mr Hazlehurst will continue as secretary of the local pharmaceutical committee and regional representative on the Pharmaceutical Services Negotiating Committee, as he foresees no conflict with his new post.

"PSNC operates at national level and there is unlikely to be any conflict at local level with the LPC," he told *C&D*. "The opportunities outweigh the threats, but I won't take part in negotiating meetings involved with money."

Older uptake for Vantage health tests

People over the age of 50 have shown the most interest in screening services being piloted through Vantage Refresh pharmacies.

The most popular test has been for blood lipids in association with cardiac risk - the average age for the test was 51. Allergy testing has proved the second most popular with a wide range of interest: from a two-year-old to a 68-year-old. Osteoporosis testing was popular with women over the age of 36.

The diagnostic test pilots, which have been carried out in 20 of the pharmacies, started in February in England (*C&D* February 20, p4) and were extended to Scotland and Northern Ireland in March. AAH Pharmaceuticals hopes to roll out the CHS services to other Vantage members from June onwards and is encouraging pharmacists to register their interest with their AAH Pharmaceuticals' business development manager.

Pharmacists taking part in the scheme have been free to set their own prices for the tests, although AAH has issued recommended fees. The average fee is £20, but can vary depending on the complexity of the test. "The majority of both men and women chose the more expensive complete lipid profile tests over the partial lipid tests, indicating that the price point of the tests is not a major barrier to the public," says AAH.

Uptake has been "much, much more" than expected, although there was no base line data for comparison.

More prescribing support in Wales

A South Wales health authority is looking at ways of involving community pharmacists in prescribing support.

For the past five years Iechyd Morgannwg Health has been offering GPs an annual visit from a pharmacist to advise on cost containment and improving the quality of their prescribing. Fundholding GPs were able to obtain further assistance, but with the end of fundholding, these additional services have been extended to all GPs. The pharmacists were employed mostly by trusts, but the aim now is to recruit community pharmacists.

Nicola John, director of pharmaceutical public health, said: "Hospital pharmacists are very good at setting the strategic direction, but community pharmacists can help implement the changes at local level. We will look for pharmacists with existing close relationships with GPs, for example, in villages where there is one surgery and one pharmacy."

Pharmacy Alliance extends services

The range of medicine management programmes being offered through the UniChem pharmacy network, Pharmacy Alliance, is being extended.

Participants will now be able to offer counselling on Parkinson's disease, anti-coagulant therapy and hypertension, in addition to the angina and asthma schemes launched last year (*C&D* October 10, 1998, p28). A further two service launches are "imminent" and psoriasis, cancer pain and migraine are being discussed.

The three new services have been developed by a team of clinical pharmacists at Pharmacy Alliance. Working with DuPont Pharmaceuticals and the Parkinson's Disease Society, PA "has developed a programme to survey patient, GP and pharmacists' attitudes towards a collaborative approach in this disease area with the future aim of facilitating optimal treatment for this patient group".

Roche Diagnostic and RDH Ltd have been involved in a business planning meeting for the development of community pharmacy-based anticoagulation services, and the third pilot service will aim to identify and manage poor compliance issues in hypertensive patients.

Pharmacy Alliance is negotiating the professional fees payable to participating pharmacists, but says that fees will be dependent on the complexity and number of interventions required for each service.

PA managing director Nick England said: "The new NHS reforms, with their emphasis on clinical governance, will further broaden the appeal of our offering and we believe that primary care groups will be keen to purchase 'off the shelf' packages of care for their patients." Pharmacy Alliance believes that such negotiations are best handled at a local level so it will support pharmacists if they want to offer such services to a PCG.

Currently 215 independent community pharmacies are signed up with Pharmacy Alliance. It is recruiting about 30 a month, and it hopes to have about 500 signed up by the year end. With UniChem's Moss chain anticipated to grow to over 600 pharmacies, Pharmacy Alliance will have over 1,000 pharmacies within its service provider pool offering the range of developed services.

"With pharmacies in our network using compatible pharmacy systems and by ensuring high levels of services compliance, we aim to demonstrate that medicines managed by pharmacists in a structured way represent a cost-effective use of healthcare resources," added Mr England.

Although the services require the Mediphase system to operate, Pharmacy Alliance has been working with Park Systems and NDC, and hopes to be able to offer the services on these computer systems in a few months' time.

78pc not yet involved in 'New Age'

More than three-quarters of pharmacists are not involved in any 'New Age' activity, according to a recent survey.

The survey was completed by 118 pharmacists at the Royal Pharmaceutical Society's second 'Over to you' roadshow. Almost three-quarters of respondents felt that they could become involved in 'New Age' activities and 63 per cent thought they had learned something useful at the roadshow.

Held at Old Trafford sports ground in Manchester last week, the roadshow consisted of a two hour presentation with talks from two local pharmacists about their 'New Age' activities.

Jennie Watson, who co-ordinates a pharmacy development group, said that most pharmacists are bad at networking. The pharmacy development group was set up to create a forum for pharmacists to get together. The group has put forward six service provisions, and its methadone project has already received funding.

Jennie Watson, joint co-ordinator of Rochdale and Bury pharmacy development group

Barend Anthon, a community liaison pharmacist in Wigan, told pharmacists to be proud of their skills and to have confidence in themselves. He stressed the importance of communication and patience when developing inter-professional relationships.

IN BRIEF

Aspirin 75mg packs

Pharmacists with packs of 100 tablets of aspirin 75mg marked POM may sell them over the counter, provided the letters POM are scared out and a P is placed on the pack. The Royal Pharmaceutical Society has been in discussion with the Medicines Control Agency and says that, as a short-term measure while manufacturers re-introduce packs marked with a P, such a procedure would be acceptable.

Category D changes

The following additions to category D, part VIII of the Drug Tariff for April have been announced by PSNC: allopurinol tablets 300mg, chlorpheniramine tablets 4mg, chlorpromazine tablets 100mg, co-tenidone tablets 100/25 and 50/12.5, methyldopa tablets 250mg and 500mg, folic acid tablets 5mg.

Scots generic endorsements

Following availability problems with generics, PPD will accept pharmacists' endorsements on prescriptions dispensed during April 1999 for: codeine phosphate tablets 30mg; diltiazem tabs 60mg; disopyramide tabs 100mg; frusemide tabs 20mg and 40mg; mefenamic acid capsules 250mg; metformin tabs 500mg; metoclopramide tabs 10mg; minocycline tabs 50mg and 100mg; nitrazepam tabs 5mg; norethisterone tabs 5mg; oxazepam tabs 50mg; oxprenolol tabs 20mg and 40mg; penicillamine tabs 125mg; pyridoxine tabs 10mg; thioridazine tabs 25mg and 50mg; tolbutamide tabs 500mg; trifluoperazine tabs 5mg and Vitamin B Co Tabs BPC.

Swiss debate legal cannabis

Legalisation of cannabis consumption and acquisition has been recommended to the Swiss authorities by a government appointed panel. The panel also recommended cannabis sales licences, but ministers said legalisation would "make the nation a haven for drug tourists and traffickers".

GP database transfers to MCA

The general practice research database, holding the anonymised clinical records of 4 million patients, is to transfer to the Medicines Control Agency from the DoH's statistics division.

Nathan's concerns

Council candidate Alan Nathan is concerned that he was quoted out of context in our report from the YPG hustings (last week p25). He believes the Society encourages the impression it is more influential than it is. This leads to unreal expectations. The Society should come clean and admit its limitations, he says.

SurgiChem promotes Nomad scheme in the community

SurgiChem is launching a scheme to promote the use of monitored dosage systems.

The 'Nomad CDS Initiative' will alert GPs, community nurses and carers to the availability of SurgiChem's Nomad CDS being offered through local pharmacies, whose names will be kept on a free national register by SurgiChem. Information on how Nomad CDS works and how it can help improve compliance and reduce drug wastage will also be sent to the primary care professionals.

Pharmacists who register will receive a complimentary pack worth £25.99 comprising a Nomad cassette, CDS outer case and CarriPak with three additional inner trays. Details of special discounts and promotions will also be announced in the next few weeks, for those on the Nomad CDS register.

"The extent of the problems caused by poor compliance is now widely accepted," said SurgiChem chief executive Norman Niven. "Our initiative will provide community pharmacists with a platform for addressing this important issue, enabling them to generate extra income and use their professional skills to the full."

Pharmacists who want to be registered with the scheme or who want to receive the complimentary Nomad CDS pack should contact Jason Smith or Nik Parikh on 0161 406 8710.

Web site provides information for pharmacists

A new web site for UK pharmacists entitled 'Private-Rx' has been launched.

The site provides various resources including a 'discount clawback calculator' to help contractors work out how much the clawback will cost them.

Pharmacists who apply for free membership can use the mailing list, and the password-protected small ads section to buy and sell short dated or redundant stock. The site currently has 189 members. Its address is: *www.private-rx.net/*.

- The National Pharmaceutical Association is adding Category D Drug Tariff changes to its web site. Details of the changes will be available on the 'members only' section of the web site and will be updated at 5pm every Thursday.

Primary care association set up for pharmacists

The Primary Care Pharmacists' Association is a new group being set up for pharmacists interested in primary care prescribing support.

The aim is to provide a forum for education, training and peer support, with a newsletter and regular events throughout the UK. Susan Knox, one of the group's founders, told *C&D* that many of these pharmacists worked freelance and were not directly employed by the NHS, so needed an organisation to represent them. The membership fee will be £20, with group discounts for trusts, health authorities, primary care groups and pharmacy multiples.

A steering group will meet on May 4 to appoint an executive. Further details are available from Mrs Knox (tel: 0410 445940) or Mrs Sheetal Joshi (tel: 0370 855871; fax 0181 575 5694).

Pharmacists lobby parliament

Hospital pharmacists were among 600 NHS workers who lobbied parliament for a new pay review system last week.

Gerry Looker, general secretary of the hospital pharmacists' section of the health professionals' union MSF, said he was "delighted with the numbers and the response" for the lobby.

MSF members want a single body to review the pay of all NHS professionals.

Northern Ireland slant on pharmacists' advice

The Pharmaceutical Society of Northern Ireland has issued a press release to over 100 media contacts in the province, recommending hay fever sufferers to ask their pharmacist for advice.

President Terry Maguire told *C&D* that the PSNI has agreed with the National Pharmaceutical Association to reissue the NPA's press releases with a local focus.

"In trying to get pharmacy recognised in Northern Ireland, we feel we would do better if we offered a local slant and local contacts," he told *C&D*.

The press release gives Dr Maguire as a contact, together with the Ulster Chemists' Association's Sarah Mawhinney. It advises students to ask their pharmacist about remedies that do not cause drowsiness, and people who suffer badly to discuss medicines they could take before symptoms start.

The information was issued just before *C&D* went to press this week and Dr Maguire had not yet been approached for interviews.

NHS gears up for Y2K

All NHS organisations and local partners are being told they will be required to work closely with health authorities to plan for the long millennium holiday at the end of this year.

HAs have to establish local winter planning groups (LWPGs) by May 14, which will plan for problems brought about by the millennium bug and the length of the holiday period.

Pharmacists are required to agree their opening hours with HAs, says the NHS Executive. HAs and LWPGs will also have to ensure that patients who need repeat prescriptions can, where appropriate, obtain and have them dispensed outside the bank holiday period. Areas such as contraception can be easily planned to avoid the need for repeat prescriptions in the Christmas/New Year period, it suggests.

Emergency medication, including emergency contraception, has to be sufficient to cover the whole of the holiday period and arrangements need to be well publicised. Similarly, the public needs to be informed about local helpline numbers, including NHS Direct, for opening hours of contractors, says the NHSE.

Monitoring of Year 2000 progress is being stepped up to bi-monthly, instead of quarterly - the latest returns (to December 1998) show that 9 per cent of NHS organisations were making unsatisfactory progress.

Further information is on the NHS year 2000 web site at: *www.imc.exec.nhs.uk/2000*.

- NHS staff will receive thanks but no extra money for working over the millennium holiday period. A letter sent out from NHSE says: "Our NHS has always been a 365 day a year, 24 hours a day service ... the Government has decided, after careful consideration, that it is not prepared to agree to any new specific national arrangement nor to central funding for extra payments to staff."

Instead, the normal recognition for working bank holidays, part of most employees' contracts, will apply.

NSF for diabetes being planned

A national service framework for diabetes will be developed over the next two years.

The aim will be to ensure top quality standards of care and treatment in all primary care, local hospital and specialist centres. The new Commission for Health Improvement will have powers to visit every hospital in a rolling annual programme to make sure these standards are met.

Due in 2001, the diabetes NSF is the fourth in a series. Frameworks for mental health and coronary heart disease will be published shortly, and final details about the NSF for older people are expected next year.

Health secretary Frank Dobson said last week that early diagnosis and prompt care could help avoid serious long-term complications of diabetes.

"At the moment the organisation and quality of diabetes services varies from place to place. That is unacceptable," he said. "So the new NSF will ensure that in future the service delivered nationally is of a high and consistent standard."

Lincs LPC's HImP proposals are accepted by HA

All but one of Lincolnshire Local Pharmaceutical Committee's proposals for its county's Health Improvement Programme have been accepted by the Health Authority.

Of the LPC's 19 proposals, 18 have been incorporated into Lincolnshire's HImP. The plans, based around national objectives, include development of a contraception information programme for schoolchildren, compulsory used needle return for exchange scheme patients, and development of a healthy eating educational programme.

N IRELAND NOTEBOOK

PSNI ready to move away from the past

The news that the Pharmaceutical Society is to change the format of the President's Dinner and turn it into a May Ball is an encouraging development. PSNI is now looking to the true wants of its members, rather than just sticking in a conservative rut.

The Ulster Chemists' Association has done this successfully over recent years and enjoys strong support for its social and professional meetings. I have become resigned to the extreme conservatism that has been the hallmark of our Society, and so am delighted by this initiative from our professional body.

There always has been a need for new development to build the profession, but very little seems to happen in Northern Ireland except talk. There is great danger in inactivity. Change is always around and needs to be addressed, even when we do not like it.

The 'Vision 2020' initiative has been well worth pursuing and shows that, in discussion at least, there are some forward thinkers on the Council and that there is appetite for change.

"I am not sure that PSNI has changed sufficiently to create the momentum to deliver this Vision"

I have read the document sent out in January and have formulated a reply to the Council. It was clear to me, in developing this reply, that the main benefit of Vision 2020 is not finding out about the proposed changes but discussing the relevance of the changes to each of us individually.

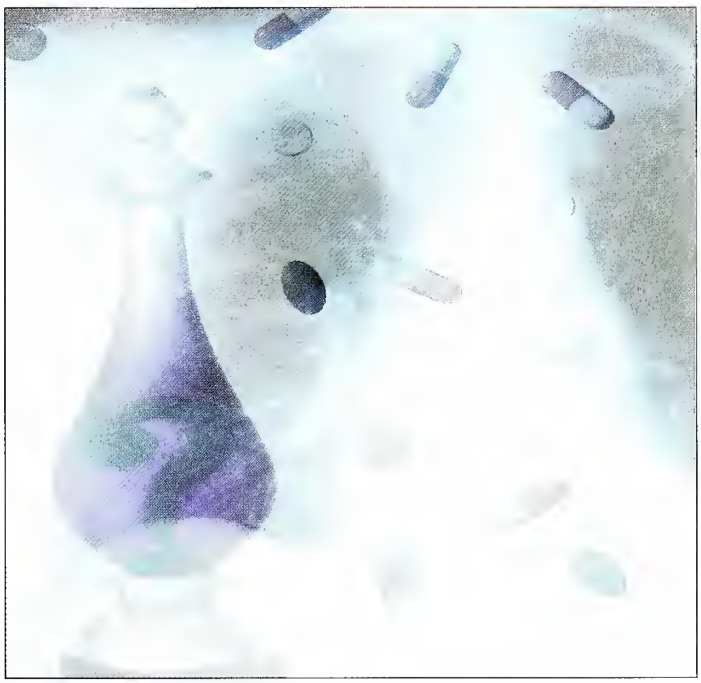
We all have ideas for the future. Often these views are limited to our own particular niche and we always assume that they are unattainable anyway. Collective support from the profession will allow us to attain the objectives set out in 'Vision 2020', but I am not sure that PSNI has changed sufficiently to create the momentum that will deliver this Vision.

PSNI needs our support to make the Vision a reality. I wish the Society every success with the May Ball and I look forward to hearing how we are going to implement 'Vision 2020', supposing this is what we want.

Written by a practising Northern Ireland community pharmacist.

Xrayser

Topical Reflections



Superdrug's position on RPM – a light dawns

The proposed merger of Superdrug and Asda came as a bit of a surprise, but perhaps I should have been expecting it. The future for retail development in the UK now seems to rest on the power ambitions of mega-players.

And if not Kingfisher, then Wall-Mart, so it may possibly be a case of better the devil you know. I know that there will be no return to the days of an expanding independent retail sector. The obituaries for the small grocer have already been carried, and those for community pharmacists are no doubt being written, although they have yet to be published.

But I will not be patronised by Barry Simner, pharmacy general manager of Superdrug, who only sees my future role in terms of being the recipient of an essential small pharmacy subsidy (**Letters**, April 10). I have news for Mr Simner. I am not dead yet and the time has still not arrived when the UK is dominated by US-style drugstores.

At least one thing has become clear. I now know why Superdrug has been so supportive of Asda's attempts to destroy resale price maintenance on medicines!

A new acronym born in Dorset?

It seems that once again Dorset Health Authority and its Local Pharmaceutical Committee are showing the way in developing local strategies for the delivery of pharmaceutical care (*Chemist & Druggist* April 24, p4).

Perhaps Dorset contractors are particularly forward-looking and therefore willing to co-operate together, but in my area commercial competition always seems to preclude any attempt at presenting a united front.

Certainly both my health authority and LPC are still in the dark ages by comparison, and feedback from my PCG has so far given the impression of a great opportunity for 'jobs for the boys'.

But as Dr Mandeep Mudhar, AAH's professional services manager, told the Institute of Pharmacy Management International's spring conference (*Chemist & Druggist* April 24, p14), the need for PCGs to purchase cost-effective service is an opportunity for all community pharmacists to identify, and to offer to provide.

Individually this is a daunting task, but in Dorset they are showing how it should be done and almost seem to be developing a new locally based community pharmacy group on a voluntary basis, to parallel the statutory PCG. Perhaps I am witnessing the birth of the Primary Care Pharmacy Group or PCPG!

It's a crazy, crazy world

The discount clawback is now beginning to bite, and over the next few months could badly compromise my cash flow. The problem is that I was totally unprepared for such a large sum and much of the money has already been absorbed into the running of the business.

I know that ignorance is no excuse, and that concerns over the size of the clawback were well flagged in advance. I know, too, that I really should not be using the ill-gotten gains of astute drug buying to invest in my pharmacy, but old habits die hard and it is almost impossible to distinguish between those elements of profit that I can retain and those that should be put aside for eventual return to HM Treasury.

I am also looking with concern at the escalating price of generic drugs. Thyroxine has already increased by a factor of ten, most antibiotic prices have gone through the roof and frusemide is rumoured to soon follow. I either continue with a careful policy of buying in advance, to cushion against the Tariff reimbursement time gap, or live from hand to mouth and pray that I can obtain uninterrupted supplies at a low enough price.

Either way I stand to lose: the loss of 'clawback' discount or a cash flow crisis caused by high stock levels.

Meanwhile, down the road, my local GPs are being encouraged to contain their drug budget, and I am supposed to help them by advising on unnecessary prescribing. Not only is my cash flow under threat but my fee structure is as well!

It is all very well telling me that the discount has been globally earned and that fees will eventually reflect my efficiency, but while I am made to pay back the savings I make for the NHS, doctors are using the savings from their prescribing budget (which I helped to make) to improve their practice. Now that really is adding insult to injury!

Counterpoints

Seven Seas helps over 50s have the time of their lives

Seven Seas Health Care is adding two new products to its Action Plan 50+ range which is formulated for the health needs of the senior sector.

Healthy Heart Formula and Healthy Bones Formula are being introduced to complement the existing products in the range - Energy Formula and General Health Formula.

Action Plan 50+ Healthy Heart Formula is a combination of vitamins and minerals for healthy heart, circulation and cholesterol levels.

Action Plan 50+ Healthy Bones Formula is for bones and teeth and a healthy immune system.

Retail price for both is £3.99 for a 25-capsule pack.

Seven Seas Health Care Ltd.
Tel: 01482 375234.

Aqua Ban makes waves with new 'feminine' packs

Thompson Medical is relaunching Aqua Ban in new feminine packs designed to establish a clearer association with water reduction.

Formulated for women who suffer from cyclical oedema, the product now features a wave of water floating across the pack. The words 'clinically proven' and eliminates 'excess water' are in red.

The relaunch will be supported by summer women's press advertising.

Retail price is £2.95.

Cona Healthcare Ltd.
Tel: 01202 780558.

Bayer's Canesten gives thrush the Once over

Bayer has launched Canesten Once - a high strength cream treatment for vaginal thrush and an alternative to the existing pessary format.

Canesten Once (rsp £7.49) will replace Canesten 10 per cent VC from May, with the latter reserved for prescriptions. Bayer has applied to the MCA to transfer Canesten VC 10 per cent to POM, adding a new indication for bacterial infections.

Bayer hopes to target the 34 per cent of thrush sufferers who inappropriately use Canesten 1 per cent cream as a treatment. Canesten Once is also expected to appeal to thrush sufferers who prefer the soothing properties of a cream.

Bayer also believes the smooth, pre-filled applicator of Canesten Once will be favoured by women who find pessary application uncomfortable.

The latest introduction carries new packaging which will be extended to the rest of the Canesten OTC range, starting with Canesten 1 Pessary. A new merchandising shelf unit has also been produced to encourage open display on the back wall and recognition by customers. According to the company, the Canesten brand is the fifth largest brand in pharmacy worth £19.9 million, yet many pharmacists are still failing to merchandise it appropriately.

PoS material has also been produced and a new pharmacy assistant training module has been written incorporating Canesten Once. Advertising and PR are also planned for the product.

Bayer Consumer Care.
Tel: 01635 563000.

Natural supplement for women over 35

Chemist Brokers is introducing a new one-a-day supplement for women over 35.

Estroven is aimed at women looking for a natural way to maintain their normal balance as they approach their 40s.

The supplement is formulated with extracts from the soya bean and Japanese arrowroot plant which are both rich sources of isoflavones. The caplets also contain calcium to help maintain strong bones, vitamins E, B12, folic acid and kava kava.

The launch is being supported by a £1 million campaign in women's magazines and national newspapers.

Retail price is £14.99 for 30 caplets (one month's supply).

Chemist Brokers.
Tel: 01705 222500.

Long lasting relief with new Nurofen

Crookes Healthcare is expanding its Nurofen range of analgesics with two new products.

Nurofen Long Lasting promises 12 hour pain relief from a single dose. The sustained release formulation of ibuprofen is licensed for the effective relief of backache, dysmenorrhoea, migraine, headache, dental pain, non-serious arthritic and rheumatic pain, neuralgia and muscular pain.

The recommended dose for adults and children over 12 is one or two 300mg capsules, taken twice daily. The capsules should be taken together with water and swallowed whole. Patients should be advised not to take more than four capsules in 24 hours with at least eight hours between doses.

Nurofen Long Lasting, a P product, is available in packs of 12 or 24 capsules, retailing at £2.69 and £4.99 respectively.

Crookes is also introducing its first topical product into the range. Nurofen Muscular Pain Relief Gel (35g, £4.25) is a clear odourless gel containing 5 per cent (w/w) ibuprofen.

The gel is indicated for the relief of pain and inflammation such as backache, rheumatic pains, muscular pains and sprains. A thin layer is applied over the affected area and massaged gently. This procedure should be repeated up to three times a day for no more than two weeks.

Both new products will benefit from the £10 million support package for the Nurofen range this year, which includes TV and press advertising as well as ongoing public relations activity.

Crookes Healthcare.
Tel: 0115 953 9922.

Big... Bigger...

Profit opportunities on every sale of Cuprofen tablets.

Cuprofen is the fastest growing ibuprofen brand[1].

Biggest...

Cuprofen is the No1 recommended analgesic brand in pharmacy[2] and the best selling OTC 400mg ibuprofen[3].

Premium brand quality and performance at a price your customers like, with the profit you want - that's Cuprofen.

FOR IBUPROFEN, CHOOSE CUPROFEN

Seton Scholl Healthcare plc

CUPROFEN IS ONLY AVAILABLE IN PHARMACY

Cuprofen Maximum Strength Product Information Presentation: Each pink, film coated tablet contains Ibuprofen BP 400mg. Indications: For the relief of rheumatoid arthritis (including juvenile rheumatoid arthritis or Still's disease), ankylosing spondylitis, osteoarthritis and other non-rheumatoid arthropathies, periarticular conditions eg. frozen shoulder, bursitis, tendinitis, tenosynovitis and low back pain, soft-tissue injuries eg. sprains and strains. Also indicated for the relief of mild to moderate pain eg. dental, post-operative pain and dysmenorrhoea, for the relief of migraine. **Dosage and administration:** *Adults and Children over 12 years:* Initial dose is 1200mg in divided doses. Some patients can be maintained on 600-1200mg daily. In severe or acute conditions it may be advantageous to increase the dosage, provided that the total daily dosage does not exceed 2400mg in divided doses, with water. Children: The dose is 20mg/kg/body weight daily except in children weighing less than 30kg. The total dose in 24 hours should not exceed 500mg. Elderly: No special dosage modifications are required for elderly patients unless renal or hepatic function is impaired, in this case the dosage should be assessed individually. **Contraindications:** Ibuprofen should not be given to patients with severe or active peptic ulcerations. **Interactions:** None known. **Precautions:** Caution should be exercised in administering ibuprofen to patients with asthma and especially patients who have developed bronchospasm with other non-steroidal agents. Special care should be taken when using ibuprofen in elderly patients, in whom increased tissue levels may result with an attendant increase in the risk of adverse reactions. In patients with renal, cardiac or hepatic impairment caution is required since the use of NSAID's may result in deterioration of renal function. The dose should be kept as low as possible and renal function should be monitored. **Use in pregnancy and lactation:** No teratogenic effects have been reported in animal experiments. However, the use of ibuprofen should be avoided if possible during pregnancy. **Side effects:** Adverse effects reported include dyspepsia, gastro-intestinal intolerance and bleeding and skin rashes. Less frequently, thrombocytopenia has occurred. Very rarely toxic amblyopia has occurred, on cessation of treatment recovery has occurred. NSAID's have been reported to cause nephrotoxicity in various forms and their use can lead to interstitial nephritis, nephrotic syndrome and renal failure. **Overdose:** There is no specific antidote to ibuprofen. Management usually includes gastric lavage associated with special care of plasma electrolytes and any other appropriate symptomatic relief. **Legal Category:** P. **Pack Quantities and RSP:** £1.35 per pack of 12 tablets, £2.25 per pack of 24 tablets, £3.99 per pack of 48 tablets, £6.99 per 96 tablets. **Product Licence Number:** PL 0338/0085. **Product Licence Holder:** Cupal Limited, Blackburn (A subsidiary of Seton Healthcare Group plc). Further information is available from Seton Healthcare Group plc. **Date of Preparation:** April 1997. Cuprofen is a Trade Mark of Seton.

1. Independent Pharmacy Audit MAT July 1998. 2. Taylor Nelson Sofres - Counterpoint Q2 1998. 3. Independent Pharmacy Audit MAT July 1998

Coty sensation with Healing Garden

Coty promises to bring a holistic approach to fragrance from June with the launch of its new Healing Garden range.

Healing Garden, available in the US since 1997, uses fragrance and aromas to enhance a general state of wellbeing. The brand incorporates a portfolio of bath, body and home products in four fragrances: Mandarine sensations for energy, Lavender sensations for relaxation, Jasmine sensations for sensuality and Greentea sensations for balance.

Products will include EDT and body spray, bath and shower products and fragrances for the home such as room spray, scented candles and aroma oils. Prices range from £1.75 for 5ml EDT to £10 for a starter kit of products.

The range is expected to appeal to 25-30-plus women looking for pampering products, or to people looking for presents. Gift ranges will be launched for Christmas.

Coty is launching the range initially to independents before multiples and grocers. It is being backed by a £1.5 million promotional campaign.

Coty (UK) Ltd.
Tel: 0181 971 1300.

Hands up for Nivea

Beiersdorf will be launching a new hand cream in its Nivea Hand range in June.

Nivea Hand Nourishing Hand Creme is designed for daily use and formulated to replenish moisture and maintain elasticity.

The product contains avocado oil for moisturising and softening, and vitamin E to nourish the skin's structure.

The launch will be supported by an £800,000 promotional campaign.

Retail price is £2.99 for a 100ml tube.

Beiersdorf UK Ltd.
Tel: 01908 211444.

Facial Express for a 4 in 1 action

Network Health & Beauty is launching a new 4 in 1 skincare product in its Christy range.

Targeted at 15-25-year-olds, Christy Facial Express is designed to remove eye make-up, deep cleanse, tone and moisturise the skin.

Formulated with natural ingredients, the product is a light mousse in a pump pack, and comes in four variants (rsp £3.49, 150ml).

Network Health & Beauty.
Tel: 01252 533317.

Top to toe luxury from Fenjal

Chemist Brokers is introducing a luxurious new body milk in the Fenjal Classic range.

Fenjal Classic Body Milk is a rich, creamy lotion which contains a blend of pure plant oils to moisturise and care for the skin.

The dermatologically-tested formulation is non-greasy and easily absorbed.

Retail price is £10.75 for 200ml.

Chemist Brokers.
Tel: 01705 222500.

Givenchy goes beyond infinity

π by Parfums Givenchy is a new fragrance for men that has an underlying theme of discovery, space and beyond infinity.

The new fragrance is a shift away from the trend towards unisex, fresh, light fragrances, and is described as an energetic and sensual woody fragrance. It combines tangerine and neroli with galbanum, rosemary, pine needles, ironwood, benzoin and vanilla. The eau de parfum expresses itself in three major notes - ironwood, sandalwood and vetiver.

The name π, an internationally recognised symbol, was chosen to represent man's discovery of new territories and the struggle to achieve the unattainable.

All advertising and support material for the new fragrance will carry the strapline 'Beyond infinity' and feature images of an astronaut.

π by Givenchy is available as an eau de toilette (50ml, £29; 100ml, £42.50), after shave lotion (£31), eau de parfum (30ml, £29.50) and deodorant spray (150ml, £15.50).

Parfums Givenchy Ltd.
Tel: 01932 245111.

Younger appeal for traditional beauty favourite

Chattem UK is introducing a new look for its long established Velouty Powder Cream that combines a moisturising cream foundation with ultra fine powder.

New 30ml plastic tubes with fresh new graphics are replacing the old 16ml aluminium tubes.

The new look is aimed at attracting a younger audience as well as appealing to existing customers.

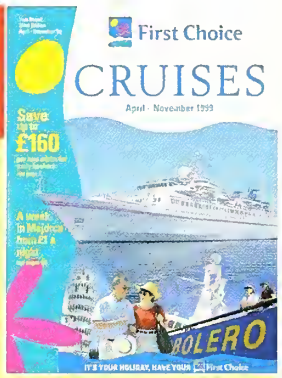
The product is available in three shades - Natural, Ivory and Peach.

Retail price is £1.75.

Chattem UK.
Tel: 01256 844144.

A Chemist & Druggist Promotion

Win a Mediterranean cruise worth over £2,000



Chemist & Druggist is offering three one-week cruises from First Choice for two adults and two children (under 12).

This simple-to-enter competition is linked to Procter & Gamble's travel promotion, running through pharmacies in May and June (*C&D* March 13, p16).

All you have to do is submit a photo showing the window or in-store display you have created using your imagination and the material supplied by P&G to support the promotion. The display must remain in place for at least two weeks (this may be verified by P&G's pharmacy sales team).

Your photo(s), plus your name and address (please print clearly, or use shop stationery), should be sent to *C&D* Holiday Promotion, *Chemist & Druggist*, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW. Closing date for entries is May 28.

You could win ...

The best three entries (as determined by our judging panel) will win a week's cruise from Majorca for two adults and two children (under 12). Winners can choose from three types of cruise:

- Sun Cities – visiting Rome, Pisa, Florence, Corsica, the French Riviera and Barcelona
- Five Islands – visiting Malta, Sicily, Naples, Sardinia and Menorca
- Moorish Mysteries – visiting Granada, Seville, Gibraltar, Cartagena.

Winners will fly from a convenient UK airport to Palma, Majorca. All meals (not drinks) are included. Holidays must be booked before October 31, 1999, and taken before October 31, 2000.

For further details of First Choice cruises visit your local travel agent.

Rules: 1 The competition is open to *C&D* community pharmacy subscribers only. 2 Only one entry per subscriber will be accepted. 3 The competition is not open to employees of Procter & Gamble, First Choice or Miller Freeman, their agencies or relatives. 4 Entries received after May 28 will not be eligible. 5 The judges' decision is final and no correspondence will be entered into. 6 *C&D* reserves the right to use any submission for future publicity. 7 The names of the three winners will be available from *C&D* two weeks after the closing date of the competition. 8 No cash alternatives will be offered. Cruises offered are subject to availability based on four people sharing a standard/superior inside cabin. 9 Entry to the competition is taken as acceptance of the rules. 10 Proof of posting cannot be taken as proof of receipt. 11 Holiday travel insurance is not included.

NEW
SY-TO-CARRY SACHETS

Now when your customers have heartburn on the move they can instantly soothe it anytime, anywhere, with new *Gaviscon* Liquid Sachets.

Gaviscon, the UK's No.1 Pharmacy heartburn remedy, is now available in a convenient easy-to-carry format.

This, together with the fact *Gaviscon* is now on TV, gives you an ideal opportunity to grow your pharmacy sales.

So order your stocks now, so your customers can pocket some *Gaviscon* Liquid Sachets while you can pocket some extra profits.

Introducing a New handy way to pocket some extra profits.

GAVISCON
LIQUID SACHETS

sodium alginate Ph Eur., sodium bicarbonate Ph Eur., calcium carbonate Ph Eur.

Instantly soothing handy-sized Liquid Gaviscon.

Gaviscan Liquid Sachets Essential Information
Active Ingredients: Sodium alginate Ph Eur 500 mg, sodium bicarbanate Ph Eur 267 mg and calcium carbanate Ph Eur 160 mg per 10 ml dase. Also contains methyl and propyl hydraxybenzaates and sadium sacchorin. **Indications:** Gastric reflux, reflux aesaphogitis, heartburn, hiatus hernia, flatulence associoted with gastric reflux, heartburn of pregnancy, and oll cases of epigostric ond retrosternal distress where the underlying cause is gastric reflux. **Dosage Instructians:** Adults and children 12 years and over One to two sachets (10-20 ml) after meals and at bedtime. Children under 12 years: This farmat is nat suitable for children's dasing. **Cantraindicatians:** None known. **Precautians and Warnings:** Each 10 ml dose cantains 6.3 mmal (145 mg) sadium **Side-Effects:** Very rare hypersensitivity reactions. **Retail Price:** 12 sachets £2.89 **Marketing Autharisatian:** 0063/0100 - Gaviscon Liquid Sachets **Supply Classificatian:** Thraugh registered pharmacies anly. **Halder of Marketing Authorisatian:** Reckitt & Calman Products Limited, Dansom Lane, Hull, HU8 7DS. **Date af Preparatian:** February 1999. Gaviscon, Goviscon Advonce and the sward and circle symbal are trademarks.

Reckitt & Colman Products Limited

AAH picks N Ireland to trial ad campaign

AAH Pharmaceuticals has selected Northern Ireland as the place to launch its first advertising campaign to support Vantage Refresh members.

Throughout May, two alternating commercials will be broadcast on local radio station Cool FM and colour advertisements will appear in two regional newspapers.

The campaign focuses on key brand values to raise awareness of the professionalism of Vantage Refresh pharmacies.

If the Northern Ireland trial meets its targets, the campaign will be rolled out throughout the UK.

AAH Pharmaceuticals Ltd.
Tel: 01203 432000.

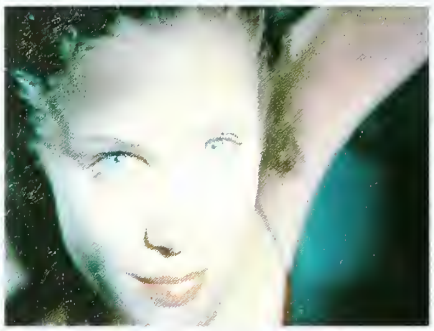
An eye-opening campaign for Zi

A £3 million TV advertising campaign to launch Zi, a new eye reviver and 'aquafier' from the Mentholatum Company, is set to revolutionise the eyecare sector, currently valued at £27m.

On air nationally from May 1, the new campaign uses reptilian and amphibian themes to emphasise the need to cool and refresh dry eyes, after a hard day at the office or a night out in smoky, crowded clubs. The advertising uses lizard and frog-type imagery in highly stylised and atmospheric commercials that are more evocative of those for perfume or alcohol.

The campaign, comprising 30 and ten second adverts will run on Channel 4 and Sky for three months until August. A second burst is scheduled for the end of the year.

The campaign strapline - 'Cooling Revival for Eyes' - is being used in both the trade and consumer press campaign.



Zi is a pH-balanced purified water solution of camphor, aimed at 16-30-year-old style-conscious women with active lifestyles. It is specifically formulated to provide moisture and lubrication for tired eyes.

Manufactured by Rohto, a Japanese parent company of The Mentholatum Co, Zi is already a success in Japan.

Zi is packaged in an innovative diamond shaped bottle (7ml, £3.99), mounted on a card with striking pink and blur graphics.

Boehringer Ingelheim Self-Medication.
Tel: 01344 424600.

Beconase Allergy right under your nose

Pharma Consumer Care is supporting Beconase Allergy hay fever treatment with a £2 million campaign.

On air from May 3 until the third week of June is a new TV commercial with the theme: 'Freedom from hay fever is right under your nose'.

The same message is also incorporated into PoS material which includes a counter hay fever station, shelf edgers, window displays and counter leaflet dispensers.

The brand is also sponsoring the Sky TV pollen report.

Pharma Consumer Care (division of Ceuta Healthcare).
Tel: 01202 314824.

Clarityn campaign to send sales soaring

Clarityn Allergy aims to set hay fever sales soaring this season with the launch of a new TV advertising campaign.

The ad, which breaks on May 17 and runs until the end of June, uses tension-building theme music from 'Jaws' and animation techniques to illustrate a hay fever sufferer trying to escape a barrage of pollen.

The new ad will be broadcast nationally on GMTV, Channel 4, Channel 5 and Satellite and will also be shown in the ITV London and South-west regions. To target Clarityn's core audience, the commercial has secured a position in the centre break in 'Friends' on Channel 4, for the entire campaign.

During National Allergy Week, which begins on May 17, Clarityn will also be targeting the 35 per cent of UK hay fever sufferers who live in the London area by sponsoring Capital radio's 'Workplace Week'. Listeners will be encouraged to nominate friends or colleagues with hay fever who are off work or suffering in the office to receive a live dedication and a Clarityn pampering pack.

The marketing support package, which includes a Pharmasite poster campaign and PR activity, will highlight Clarityn Allergy's non-drowsy formula.

Schering-Plough Ltd.
Tel: 01707 363636.

Duracell gives Ultra range £10m charge

Duracell is to spend £10 million promoting its extended and improved Ultra battery range.

The range is being extended from its initial two sizes (AA and AAA) to nine. New sizes are C, D, nine volt and lithium types 123, 223, 245 and CR2. The lithium Ultra batteries will replace existing sizes DL123A, DL223A, DL245, and DLCR2.

Duracell claims that new technology will boost the Ultra range's performance by 20 per cent when used in high drain appliances.

Repackaging aims to differentiate the range from other Duracell batteries. Shelf lives have been extended to seven years for alkaline batteries and ten for the lithium range.

The advertising campaign will run on national television and in the consumer press from June until December. Point of sale material is available including stands, wobblers and mobiles.

Duracell (UK) Ltd.
Tel: 01293 517527.

ON TV NEXT WEEK

Beconase Allergy: C5, C4, Sat

Benadryl Allergy Relief: All areas

Kwai Garlic: G, Y, HTV, M, TT, C4, TSW

Listerine Antiseptic Mouthwash: All areas

Vitalegs Herbal: B,G

Zi: C4, Sat

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

PRESCRIBE TO A BETTER SERVICE

At TRIDENT Pharmaceuticals we know in this competitive market a lot of your valuable time is taken up looking around the many suppliers for the best prices. Thats why our buyers are respected as the toughest in the business. They are continually sourcing the products our current customers require at the most competitive prices in the market. In addition, TRIDENT produce weekly promotional offers and reward our customers loyalty with bonus schemes and discount packages designed to encourage a close and long lasting business relationship.

TRIDENT

PHARMACEUTICALS

Linley Trading Estate, Linley Road, Talke, Stoke-on-Trent, Staffs. ST7 1XS

Trident Freephone No: 0800 614272 Trident Fax No: 01782 774015

Script specials

IN BRIEF

Large size Oilatum Plus

During May, Stiefel will be introducing Oilatum Plus in 1 litre bottles, with a basic NHS price of £15.30.
Stiefel Laboratories.
Tel: 01628 524966.

Timoptol unit dose shortage

Timoptol 0.25 and 0.5 per cent unit dose vials are currently in short supply following a transfer of production site. Supplies are expected to return to normal by early June. In the meantime, a limited emergency supply of 0.25 per cent vials is available (maximum one box per order) from Ann Davidson (01992 452094). No emergency supplies of the 0.5 per cent vials are available. Metered dose bottles of Timoptol-LA and Timaptol are unaffected.
Merck Sharp & Dohme.
Tel: 01992 467272.

Entera Fibre Plus

Entera Fibre Plus is now ACBS approved for standard indications. Each 200ml carton contains 300Kcal and 5g of mixed fibre – 3.1g is a soluble form and 1.9g as insoluble. The drink comes in six flavours at a basic NHS price of £1.65.
Fresenius Kabi. Tel: 01928 579571.

Aserbine Cream relaunch

Goldshield has relaunched Aserbine Cream 100g at a basic NHS price of £2, and a retail price of £3.53. Aserbine Cream is used in the treatment of chronic skin ulcers, benign ulcers and traphic ulcers, where debris delay healing.
Distriphar. Tel: 01895 837750.

Sanofi pack changes

Sanofi Winthrop is changing some pack sizes. Danol will now be available in 60-capsule packs only (other sizes are discontinued). Salpadol formulations (caplets, capsules and effervescent) are now available in 30 packs in addition to the 100 packs.
Sanofi Winthrop.
Tel: 01483 505515.

Hypaque transfer

Intrapharm laboratories has taken over the marketing and distribution of sodium diatrizoate (Hypaque) and AT 10 from Sanofi Winthrop. All future orders for these products should be sent to its distributor Farillan Ltd.
Farillon Ltd. Tel: 01708 379000.

Emadine to treat ocular itch

Emadine Eye Drops from Alcon Laboratories is a treatment for itchy/red eyes, associated with allergic conjunctivitis, which promises relief of itch within minutes.

Emedastine difumarate, the active ingredient of Emadine 0.05 per cent w/v drops, is a highly selective and topically effective H1 receptor antagonist which acts quickly to relieve the symptoms of ocular allergy. Studies have shown that Emadine can relieve ocular itch within three minutes. It can also be used in association with a mast cell stabiliser when instant relief is required.

The recommended dosage is one drop, applied to the affected eye(s) twice daily. The drops can be used at this dosage in children of three years and over. If the patient wears contact lenses they should be advised not to administer Emadine while wearing the lenses, and to wait 10-15 minutes after the instillation of the drops before putting them back in.

The most common local side effect reported was discomfort (transient burning or stinging upon instillation). Other ocular side effects reported included dry eye, ocular pruritus, blurred vision and foreign body sensation. Occasional non-ocular adverse events included headache, cold syndrome and rhinitis.

If transient blurring of vision occurs after instilling the eye drops, patients should wait until their vision clears before driving or operating machinery.

As with most eye preparations, Emadine should not be used for longer than four weeks after first opening.

Emadine, a Prescription Only Medicine, is available in a 5ml Drop-Tainer dispenser with a basic NHS price of £7.69.
Alcon Laboratories (UK) Ltd.
Tel: 01442 341234.

SB to discontinue Parstelin tablets

SmithKline Beecham is discontinuing Parstelin Tablets after a review by the Committee on Safety of Medicines concluded that the 'risk:benefit' is no longer favourable in the light of newer treatment options.

The company will withdraw the product over the next few months, and is advising prescribers to switch patients to other available medications as soon as possible. Parstelin Tablets, indicated for the treatment of depressive illness complicated by anxiety, contain a fixed ratio of 10mg tranylcypromine and 1mg trifluoroperazine.

For the small number of patients for whom there is a clinical need for both drugs, the company advises the concomitant use of Parnate tablets (10mg tranylcypromine) with 1mg trifluoroperazine. However, the future availability of Parnate is also being reviewed, so alternative therapeutic regimens should be investigated.

For further advice contact: **SmithKline Beecham Pharmaceuticals (Medical Information). Freephone 0800 616482.**

Zeffix for Hepatitis B

The EU's Committee for Proprietary Medicinal products has approved Zeffix (lamivudine) for a broad group of chronic hepatitis B patients.

The recommendation, which comes under the CPMP's 'exceptional circumstances' classification, asks that Glaxo Wellcome continues to supply the Agency with additional data on specific patient sub-groups. Zeffix is the world's first oral anti-viral treatment for chronic hepatitis B.

Colour-coded warfarin from APS

APS has introduced colour coding for its warfarin tablets range.

Available in 28-tablet packs, the three different dosage strengths - 1mg, 3mg and 5mg - are coloured brown, pale blue and pink respectively, with tablet colours matching the packs. The new initiative is intended to assist patients in identifying the required dosage.
APS Ltd. Tel: 0113 252 4444

MOTILIUM 10 – ESSENTIAL INFORMATION

Presentation: Small film coated tablet containing domperidone maleate equivalent to 10mg domperidone base. **Indications:** For the relief of post meal symptoms of fullness, nausea, epigastric bloating and belching, occasionally accompanied by epigastric discomfort and heartburn. **Dosage and administration:** Adults and children over 16: up to one tablet (10mg) three times daily and at night when required. Maximum duration of *continuous* use is 2 weeks. **Contra Indications:** Hypersensitivity to any of the components. Patients with any underlying gastro-intestinal pathology, with prolactinoma, or with hepatic and/or renal impairment. **Precautions:** Patients who find they have symptoms that persist and are taking Motilium 10 continuously for more than 2 weeks should be referred to a GP. **Drug interactions:** Adverse interactions have not been reported in general clinical use. However it has the potential to alter the peripheral actions of dopamine agonists such as bromocriptine, including its hypoprolactinaemic action. Domperidone's actions on gastro-intestinal function may be antagonised by anti-muscarinics and opioid analgesics. May enhance the absorption of concomitantly administered drugs particularly in patients with delayed gastric emptying. **Pregnancy and lactation:** Motilium 10 should only be used during pregnancy on the advice of a doctor. Use by breast feeding women not recommended. **Effects on driving ability and use of machinery:** Does not affect mental alertness. **Side effects:** Occasionally transient stomach cramps and hypersensitivity reactions (eg rashes) reported. At higher dosages and for longer treatment durations than recommended, a rise in serum prolactin has been reported which may, rarely, be associated with galactorrhoea and even less frequently, with gynaecomastia, breast enlargement or soreness; there have been reports of reduced libido. Domperidone does not readily cross the normally functioning blood brain barrier and therefore is less likely to interfere with central dopaminergic function. However, acute extra pyramidal dystonic reactions, including rare instances of oculogyric crises, have been reported. Should treatment of dystonic reactions be necessary, domperidone should be withdrawn and an anticholinergic, anti-parkinsonian drug, or benzodiazepine medication should be used. **Treatment of overdose:** If disorientation, extrapyramidal reactions or drowsiness occur following an overdose, the patient should be closely monitored and treated symptomatically. Administration of gastric lavage and activated charcoal may be helpful. Anticholinergic medication may be useful in managing extrapyramidal symptoms. **Price:** £3.95 **Legal category:** P. **PL:** 13249/0014 **PL holder:** Johnson & Johnson. MSD Consumer Pharmaceuticals, Enterprise House, Station Road, Loudwater, High Wycombe, Buckinghamshire HP10 9UF. **Date of preparation:** June 1998.

Introducing *Un*digestion: The word for dysmotility your customers can swallow.

"I've got heartburn. It's a burning pain in my chest."

"I feel full, heavy, bloated and queasy. It feels like something is just sitting in my stomach".

Indigestion

*Un*digestion

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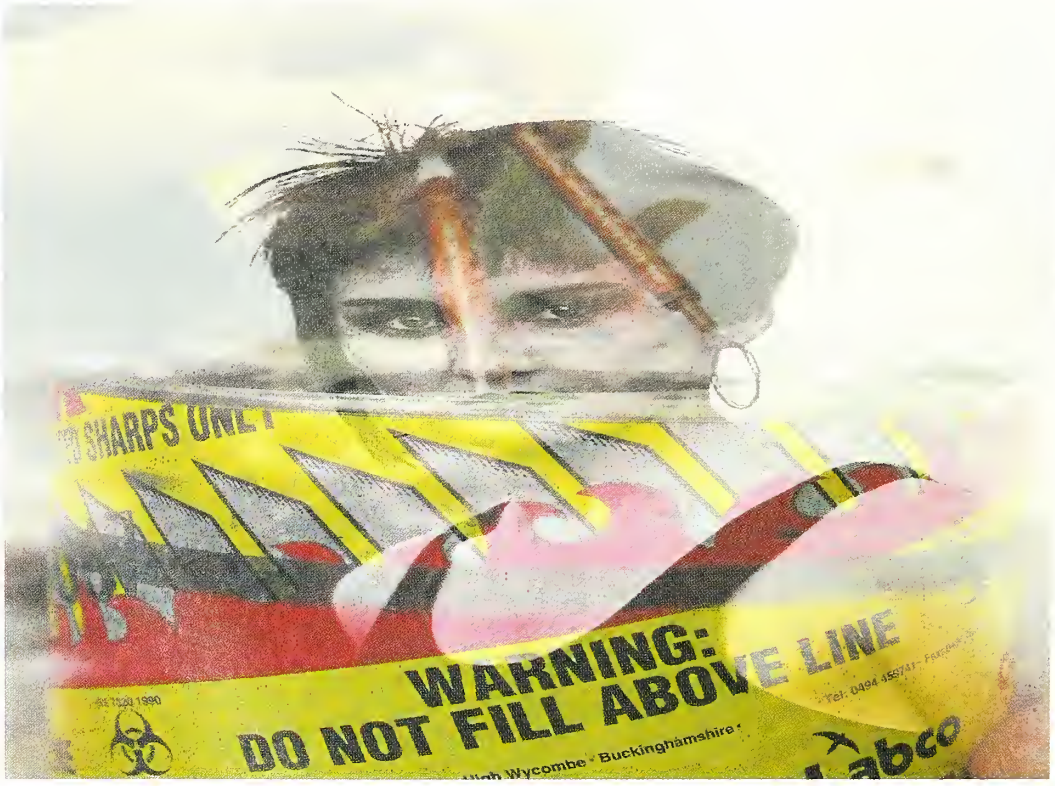
Practice to People

From practice to people

Winning the Glaxo Wellcome/*Chemist & Druggist* 'From Practice to People' Award in 1998 has enabled Marion Walker to extend a pharmacy-based needle exchange scheme she has been running in Berkshire since 1993. She explains what she has been doing ...

Reaching female misusers

Marion Walker



My aim in proposing a project for the 'From Practice to People' Awards was to focus on women drug misusers, because the number and proportion of females using the Berkshire pharmacy needle exchange scheme was increasing, especially in the under 25 age group.

This became especially noticeable towards the end of the last financial year (between January and March 1998).

For pharmacy needle exchange client visits, the male to female ratio overall was 3.1:1, but the male to female ratio in the under 25 age group was, and has remained at, 1.7 to 1.

During 1998 there were 27 Berkshire pharmacies offering needle exchange. Each month, on average, female drug misusers make 180 visits to these pharmacies. Over half the clients are under 25 years old. Visits by males average over 570 per month, with about 160 per month under 25-year-olds.

During discussions with the two Berkshire community drugs teams (CDTs), we felt we could make use of the fact that the pharmacists were in frequent and regular contact with this often difficult to reach group. But organising such a scheme was outside the scope of my contract as pharmacy needle exchange co-ordinator.

The 'From Practice to People' Award has made it possible for pharmacists to demonstrate their ability to identify a problem as it develops (the increasing numbers of female drug misusers), and to offer suggestions as to how to tackle it.

Achievements so far:

- Approval to action the proposal was obtained from the Health Authority, the Berkshire Substance Misuse Advisory Group (which includes representatives from the two CDTs) and the Community Pharmacy Working Group (CPWG) - a working group of the LPC
- Initiation and maintenance of collaboration with maternity services
- Support from the Berkshire Health Promotion Service (an information and resource centre funded by the health trusts) with assistance in leaflet design
- Research of current leaflets and information for women and for women who use drugs
- Compilation of local and national contact telephone numbers
- Agreement from a national 'signposting' telephone helpline service to include its number on the leaflet
- Detailed discussion with a group of 12 female drug misusers
- First draft design of leaflet produced
- System set up for recording interventions by pharmacists
- Collation of resources and information appropriate to pharmacists.

Multidisciplinary

By approaching the community pharmacy working group, I was able to get 'official' support for the proposal. In addition, the assistant director of primary care agreed to act as my health authority link which helped to ensure I was not inadvertently contradicting health authority policies. She also allowed me to use health authority headed notepaper for correspondence.

As a result of my writing to the two senior midwifery managers, one maternity unit reviewed its records for the preceding months and discovered there had been an increase in the number of pregnant women admitting to drug misuse.

This has prompted the CDT and maternity unit to set up a series of training sessions for the midwives, with the aim of establishing a liaison antenatal drug and alcohol service.

The other maternity services unit received the information with interest. It regularly liaises with the CDT because one of the drugs team key-workers is an ex-midwife. As a

Continued on P18 →

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ZIRTEK ALLERGY
PRESENTATIONS: White, oblong, scored, film-coated tablet engraved Y/Y containing 10mg cetirizine hydrochloride.
USES: Treatment of seasonal and perennial rhinitis and chronic idiopathic urticaria.
DOSAGE AND ADMINISTRATION: Adults and children aged 12 years and over: 10 mg once daily. In renal insufficiency halve the dose to 5 mg (½ tablet) daily.
CONTRAINDICATIONS: Hypersensitivity to constituents. Avoid use in pregnancy and lactation. **PRECAUTIONS:** Do not exceed recommended dose, particularly if driving or operating machinery.
DRUG INTERACTIONS: To date there are no known interactions with other drugs. As with other antihistamines avoid excessive alcohol consumption.
SIDE EFFECTS: Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort have been reported.
PACKING, PRICE: Pack of 7 tablets = £4.25.
LEGAL CATEGORY: P
PRODUCT LICENCE NUMBER: Tablets 5221/0001.
MARKETED BY: UCB Pharma Limited, Watford, Herts, WD1 1DJ

Date of preparation: December 1998
UCB-Z-99-05

ucb Pharma

Practice to People

→Continued from P16

way of thanking them for their help, I supplied them with copies of a useful new booklet, 'Drugs, Pregnancy and Childcare' (published by ISDD at £5.95).

Discussions with sexual health advisers and the health advisers at the local genito-urinary medicine clinics all resulted in confirmation that using the pharmacists and the pharmacy needle exchange scheme was a sensible method of reaching this group of people. The health advisers confirmed they were willing to handle queries from female drug misusers.

As a result, there is heightened awareness of the increasing incidence of female injecting drug misusers and consideration is given to the impact this may have on services.

Information needed

The manager of a local probation hostel invited me to speak to interested residents. Twelve women who had all been injecting drug users chatted openly about what sort of information they wanted.

This included information on:

- drugs in pregnancy
- contraception and termination
- effects on menstruation
- encouragement to seek help about their drug problem – how to handle social services
- risk of overdose and what to do if you were with someone who has overdosed
- needle fixation
- food and nutrition problems
- risks from injecting street drugs 'cut' with unknown substances
- HIV, hepatitis B and hepatitis C risks, testing and vaccination
- access to legal advice.

The conversation also highlighted other points of interest. Freephone numbers are preferred to face to face contact. Linked to this, confidentiality needs to be emphasised and explained. The importance of not injecting in front of non-injectors but remembering that they should never inject alone in case they overdose should be emphasised

Leaflet design

At the suggestion of the CPWG, I contacted the health promotion services department which has been extremely helpful. The original idea was to adapt a leaflet produced by the Manchester Needle Exchange Forum called 'Drugs and pregnancy'.

As health promotion staff got involved and became more enthusiastic about the idea, they suggested that the scope of the leaflet should be broadened. Using their experience we were able to work out the main points to be considered in the design of the leaflet, such as:

- preferred reading age for leaflets (age 12) and appropriate colour
- is the term 'female' appropriate?
- what are the aims of the leaflet? (to get across the message that they do have options and can make choices about their future)
- to encourage the use of the accessible services of the pharmacist
- telephone numbers – the main problem being that there were too many. We decided to limit the list to a few core numbers.

As a result of this input, the leaflet design process has become much more complicated than was originally intended and we are now at the draft stage.

Once completed, the leaflet will be distributed via needle exchange pharmacies. Hopefully it will be acceptable for distribution through other services such as CDTs, maternity and GUM clinics.

Pharmacy help

Most pharmacies hold a range of leaflets and information, but I have been able to collect information which pharmacists may have difficulty in finding.

It will be possible to advertise to local pharmacists the resources available through the health promotion department and how to access them. I now hope to produce an information manual, of manageable size, cross-referencing information they already have.

One important aspect of providing information for the pharmacists is encouraging them that they already have the skills and resources necessary to deal with female drug misuser queries. As needle exchange co-ordinator, I will be able to visit the pharmacies and work through the manual with each pharmacist.

Arrangements are in place for recording interventions by pharmacists and feedback from clients.

Conclusion

It is anticipated that these services will become an integral part of the work of the pharmacists involved in the pharmacy needle exchange scheme and will further enhance their role.

The resources and information collated as a result of the 'Practice to People' Award will help to support the pharmacists in providing a pharmacy-led service to individuals whom other health professionals regard as a 'difficult to reach' group.

By ensuring that data on numbers contacted via the scheme continues to be fed back to CDTs, the health authority and maternity services, collaboration between services will be maintained to the benefit of clients, patients and staff.

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- Printable Pharmacyupdate question papers are also included
- Newcomers will find a two-part introduction to the internet
- The latest dates and venues for exhibitions and conferences can be found here – including all the latest on Chemex '99
- There are links to other WWW sites of interest to pharmacists
- Quarterly Business Trend Survey figures are a regular feature
- Features include '2000, the computer nightmare' and other key articles

You can e-mail us at chemdrug@dotpharmacy.com

PHARMACYupdate

Primary target

In this concluding article on primary care groups, Clive Jackson, director of the National Prescribing Centre, Liverpool, makes the case for the involvement of community pharmacists in providing pharmaceutical prescribing support

THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1125), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* JUNE 12, PROVIDES ONE HOUR'S CONTINUING EDUCATION

OBJECTIVES

- To understand the importance of GP prescribing support
- To be aware of the services available to support PCGs
- To be aware of services supporting the primary and secondary care interface
- To recognise the case for pharmaceutical prescribing support

In the first part of this article, published last month (*C&D* April 3), we considered some of the new structures, initiatives and issues emerging in the new NHS that are likely to be significant to the development of pharmacy and pharmaceutical care over the next few years.

This article will look at some of the new types of pharmaceutical services that are now emerging and how to persuade PCGs and GP practices to consider and commission relevant ones locally. We will also discuss how pharmacists might contribute locally to the wider healthcare planning and development processes.

Community pharmacists need to be at the forefront of PCGs

GP prescribing support

The concept of prescribing support is not new to the NHS. However, the number and range of such support services being tested has increased rapidly since 1996. In fact, by the spring of 1998, the National Prescribing Centre (NPC) had identified around 130 locally driven initiatives aimed at supporting GPs in their work around prescribing. Interestingly, practically all of these involved direct and significant input from pharmacists. Furthermore, the rate of increase in these developments has, if anything, accelerated over the past 12 months.

So what is GP prescribing support? The most commonly quoted definition[1] is:

"The use of additional professional input into one or more elements of the prescribing process."

The overall objectives of prescribing support are the promotion of high quality, cost-effective medicine use and the improvement of pharmaceutical care for patients. Achievement of these objectives should enable NHS resources to be used more effectively and practices to operate with greater efficiency, allowing GPs to spend more time with individual patients and also to improve the health of the local population.

The 130 or so local initiatives, identified by the NPC using a questionnaire survey and literature review, were analysed in detail during the first half of 1998. It became clear that the prescribing support services could be split into three main categories:

- Clinical care, usually at individual patient level
- Policies, procedures and analyses within practices (and now for PCGs)
- Interface issues and policy between primary and secondary care services.

It is now worth looking, in more detail, at the types of services contained within each of the above categories.

Clinical support services

By its nature, this type of service tends to be patient-centred and usually involves the review, monitoring and/or overall management of medicine use for individuals. While GPs invariably will retain overall clinical responsibility for their patients care, the increasing workload they face (as with all professionals in the new NHS), coupled with the rapidly increasing complexity and variety of medicinal treatments available,

Continued on PII →

Continued from PI

makes it inevitable that additional external professional input will be required.

The most common theme of clinical support services is the review of patient medication. This process can take a number of forms including:

- surgery based medication review clinics
- domiciliary medication reviews
- nursing and residential home medication reviews.

Often these services will involve preparing a detailed patient drug history, including any use of OTC or other non-prescription therapies such as herbal remedies. They can also involve identifying and rectifying adverse drug reactions (ADRs). More recently, this process has started to include formal pharmacist reporting of relevant ADRs to the Committee on Safety of Medicines (CSM) as part of a pilot in the yellow card scheme.

Another element that often emerges from medication review is the need, on occasion, for additional individual pharmaceutical counselling, reinforced by the provision of tailored and user-friendly patient information leaflets (PILs). A number of clinical support services have developed this increasingly important role within the GP practice.

An even more interesting development in clinical support has been the acceptance by GPs of other professionals running disease management clinics. Good examples of this include pharmacists managing and taking professional responsibility for surgery-based anticoagulant or pain control clinics.

Finally, with the development of Clinical Governance (see part 1 of this series) comes the need to demonstrate that local systems are in place to constantly maintain and improve the quality of patient care.

This process will become a professional necessity over the next few years. The use of clinical prescribing support to facilitate current and retrospective prescription review means that audit of pharmaceutical care is likely to develop further. In fact, this review concept has already been trialled in a number of local initiatives across the country.

Practice-centred services

Services supporting policies, procedures and analyses

These services tend to be practice-centred and are likely to be carried out either within individual surgeries or at the PCG level. They are about informing, facilitating and implementing relevant change of prescribing systems within GP practices. Experience has shown that agreed guidelines and policies are only effective if they can be implemented quickly and effectively at the coal face and then maintained.

The most common starting point for this type of service is an analysis of current prescribing patterns. Almost inevitably, this means undertaking a review of the Prescription Pricing Authority's (PPA) PACT data in one or more of its presentations, which include:

- standard PACT reports: paper based and routinely sent to GPs each quarter
- PACT Catalogues: very detailed, paper based reports, currently available on request by GPs or health authorities (HAs)
- HA level electronic PACT (ePACT): a powerful, computer based interrogation and reporting tool requiring a direct telecom communication link to the PPA
- HA, PCG and practice level electronic Toolkit: currently accessible by HAs via the NHSnet; it provides a standard prescribing indicator-based comparison tool
- PCG level electronic PACT (ePACT.PCG): a summary level, NHSnet accessed, analysis and reporting tool (to become available during the summer of 1999).

Effective interpretation of prescribing data requires significant professional expertise. During the past eight years, many pharmacists have become highly skilled in this task and now usually form the mainstay of PACT analysis services provided to HAs and practices.

PCGs (and, from next year, PCTs) will also require this type of analytical service and, as such, are likely to increase significantly the demand for pharmacist skills and input. However, it is important to note that pharmacists are increasingly defining what information they require from PPA and other sources and then delegating the preliminary, hands-on computer/paper data interrogation to authority-based IT analysts. This skill mix process helps to optimise the use of increasingly pressurised pharmaceutical resources.

Once professional analysis has been completed, reported and then discussed within the practice or PCG, decisions can be made on what action could most effectively be taken to improve prescribing and medicine use. Activities that have regularly emerged from such local pharmaceutical prescribing support initiatives, include:

- targeting and delivering appropriate generic substitution
- formulary development and maintenance
- implementation and monitoring of agreed clinical guidelines
- improving the mechanisms and management of the repeat prescribing process
- managing the pharmaceutical elements of the GP computer system.

Primary/secondary care services

Services supporting primary/secondary care interface management

These types of service are currently largely HA driven. However, they will increasingly become PCG or PCT-centred with HAs providing a more strategic and performance management overview. They usually relate to identifying barriers, inconsistencies and opportunities around medicine use and pharmaceutical care between GP practices and local hospitals. In the future they may also embrace relevant social pharmaceutical care issues as local authorities (LAs) become increasingly involved in wider care planning and delivery.

The primary/secondary care interface has, on occasion in the past decade, been a cause of tensions between professionals and also managers working across the NHS. However, the advent of unified budgets and the introduction of Health Improvement Programmes (HImPs) will both require close co-operation between HAs, PCGs, hospitals and LAs. It will, therefore, become essential to have additional professional support to achieve seamless and effective pharmaceutical health and social care.

Interface prescribing support services that have already been established, to varying degrees, in a range of localities include:

- pharmaceutical discharge and admission planning, including domiciliary visits where necessary to date, these services have usually been hospital based but are increasingly providing links with, and opportunities for, community pharmacists
- development of shared-care policies and agreements for relevant, specialist treatment regimes that include drugs (eg erythropoietin use for renal patients)
- development and implementation of district-wide guidelines and integrated prescribing decisions, for example, achieving consistency in the range and stepwise use of analgesics, or managing the effective transition to CFC-free asthma inhalers
- development, and then implementation of district-wide formularies covering the main therapeutic areas relevant to both GPs and hospitals
- facilitation of, and input into, the work of Area Prescribing Committees (APCs).

Pharmaceutical prescribing support

Part 1 of this article provided the wider national context and a range of arguments supporting the need for greater professional input into delivery of the main objectives of the new NHS. It also presented a case as to why prescribing would be such a high and early priority for all PCGs and PCTs. It is important to note that this case includes potential benefits for both quality of care (including its convenience to patients) and financial risk management.

Such arguments can be used to help support a case locally, for additional professional input, by adapting and applying them to the environment, priorities and healthcare drivers in your area.

The development of pharmaceutical prescribing support is currently pushing on a partially open door. However, this does not mean that these services will continue to develop without additional effort from the profession. Pharmacists cannot assume that they will be asked to deliver such services as a matter of right.

An effective, co-ordinated and well-presented business case will often be an essential part of the process of developing pharmaceutical services within practices, PCGs and across HAs. When developing such a business case it might be worth considering the following questions (among others) and then applying the answers to the construction of the detailed arguments.

- What are the main national and local drivers of healthcare priorities and which carry the highest significance for the HA or PCG in question?
- Which of these contains an important pharmaceutical care/prescribing element that needs addressing?
- Which of the above elements are likely to be considered in the development process of the local HImP and who will be providing the strategic pharmaceutical input into this process?
- Who are the key NHS decision makers/influencers locally who need to be persuaded and convinced about the benefits of additional pharmaceutical prescribing support?
- From what angle do these individuals approach the commissioning and delivery of healthcare and, therefore, how can you best present the case to help meet their drivers and requirements?
- What, if any, sensitivities might others professions have to the

Continued on PIV→

Due to demand[1] a new twin pack has been developed for frequent users of Nitrolingual Pumpspray. Nitrolingual Pumpspray Duo pack contains one 250 dose bottle of Nitrolingual pumpspray for the home or office and one very discreet 75 dose pocket spray for when patients are on the move. So it's now twice as convenient and twice as flexible as before.

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Date of preparation: January 1999.

Reference: 1. Data on file (Buzz!" Research, September 1996)

Further information is available on request from:
Lipha Pharmaceuticals Limited, Harrier House, High Street,
West Drayton, Middlesex UB7 7QG.
ZZ17016/C

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developments being proposed and how might these be addressed?
- What are the main strengths of pharmacists in relation to their suitability to provide such services and why is the blend of skills unique?
- What are the potential sources of funding already available that might be used to commission such services and what would be the pay-back for patient care and the NHS locally if an investment was made?
- What are the barriers to pharmacists getting involved in the provision of services, if commissioned, and how can these most effectively be overcome?
- How can senior pharmacists working within all the main elements of the profession (eg providing community or hospital pharmacy services or primary care advice) co-operate to provide a co-ordinated approach to the development and delivery of pharmaceutical support services locally?

Considerably more detail about how to assess what type and level of services might be required at individual practice and PCG level is contained in the recently published document from the National Prescribing Centre and the NHS Executive entitled 'GP Prescribing Support: a resource document and guide for the New NHS'. This publication also contains details of the wide range of existing local initiatives around prescribing support, nearly all of which involve significant input from pharmacists. The details include both the positive and negative aspects encountered in order that pharmacists considering getting involved in the delivery of new types of can learn from post experiences.

Conclusions

The NHS is undergoing a fundamental reform and the new agenda will, in many areas, need to be professionally driven. Both the quality of care and value for money priorities, outlined in government health policies, ensure that prescribing and pharmaceutical care will become an even higher priority for HAs, practices and the newly formed PCGs.

GP prescribing support is a major opportunity for pharmacists locally to develop their professional role, input and services in the NHS. This opportunity needs to be grasped now while the new health service bodies and policies are being formed and defined. It is always easier to become an integral part of something while it is being constructed!

There is already a considerable body of experience being developed around the role of pharmacists in supporting the prescribing process and this needs to be used locally when looking to develop pharmaceutical services in the new environment. Pharmacists from all elements of the profession need to co-operate in presenting an effective case for new pharmaceutical services/input to a PCG or HA.

Prescribing support is not only a major professional opportunity. It could, if done well, open the door to other types of pharmaceutical opportunity including strategic input in to wider service management, inclusion in multidisciplinary clinical governance and audit initiatives and the development of co-ordinated, patient-friendly and convenient healthcare delivery.

The new NHS is, and will be, a complex and challenging environment. The two parts of this article aim to provide a few of the pieces of the jigsaw that needs to be solved if pharmacy is to maximise its potential over the next five years. There is a need for vision both nationally and locally within the profession if the potential is to become a reality.

C&D is accredited by the College of Pharmacy Practice as a provider of distance learning until March 2000.

RESOURCES

'GP Prescribing Support: a resource document and guide for the New NHS'. Published by the National Prescribing Centre and the NHS Executive, September 1998.
Copies are available free of charge to pharmacists working for the NHS by putting a request in writing to:
The National Prescribing Centre
The Infirmary
70 Pembroke Place
Liverpool, L69 3GF

ACTION PLAN

1. Interested in getting involved in pharmacy support services? Select an area of interest and outline a project in your practice workbook
2. Do you think that pharmacy has a significant role to play in the developing PCGs? List pros and cons in your workbook.
3. Contact your LPC and your local PCG and discuss the extent of pharmacy input at this time
4. Has your local GP practice had any input from a pharmacist? If not, how could you become involved?
5. Has your local HA any schemes to develop the pharmacist/doctor interface?

Mental fatigue

The government's 'Our Healthier Nation' focuses on four targets: mental health, cancer, accidents and cardiovascular disease. Jean Rothwell FRPharmS, secretary of the South Lancashire Local Pharmaceutical Committee, looks at each one, starting with mental health

The Government set itself targets to improve the mental health of the population when it published 'Modernising Health and Social Services – National Priorities Guidance 1999/00 – 2001/02' in September. It also sought to improve the treatment and care of those with mental health problems.

It promotes the provision of a comprehensive range of high quality, effective and responsive services, an area which was previously identified as a top priority area in the document 'Our Healthier Nation'.

The National Service Framework for adult mental health services was due to be published in April 1999. The Framework will ensure that the targets proposed in the Green Paper – a reduction in the death rate from suicide and undetermined injury by 17 per cent by the year 2010 from a baseline at 1996 – will ensure that plans are included in health improvement programmes by December 1999, to be implemented from April 2000.

Objectives

The objectives of the framework proposals are to improve users' and carers' access to services as well as improving the quality of continuing care and the treatment which mentally ill patients receive. It will also aim to improve the delivery of appropriate care and treatment for patients discharged from hospital.

It is in this context that pharmacists should have an opportunity to become part of teams operating as part of the new primary care groups, with the aim of raising the present inadequate standards of care available to the mentally ill in the community.

Now is the time for community pharmacists to demonstrate how they can undertake a major role change at a time when the Government has not previously appeared ready to fund some of the additional services which pharmacists are capable of providing. Pharmacists know that their membership of PCG boards was not considered a priority, but it is readily acknowledged by the Department of Health that they have a part to play in the new organisations.

When drawing up care plans for mentally ill patients, PCG boards must realise that community pharmacists have much to offer in the care of these patients – and in particular to severely mentally ill patients, who have been largely overlooked after their discharge since The NHS and Community Care Act 1990 was introduced.

The inadequacy of services to ensure patient compliance with medication regimes has resulted in many re-admissions to hospital care. It has been demonstrated that failure to comply is the major factor in relapse.

Extent of the problem

At any time, more than 20 per cent of the adult population suffers from mental health problems. It is estimated that 40 per cent of all general practice consultations involve mental health problems, the main ones being:
- depression – some 10 per cent of adults suffer some form of this at some time in their lives
- anxiety disorders – some 3 to 6 per cent of adults have symptoms such as phobias, panic disorders, obsessive-compulsive disorders
- suicide – there are 5,000 deaths and more than 100,000 attempts annually
- self-harm – one in 600 people harm themselves sufficiently to require hospital admission and 1 per cent of these go on to kill themselves
- schizophrenia – on average there are 10 schizophrenic patients on a typical GP's list, although 10,000 such people are not registered with a GP
- personality disorders – 5 to 10 per cent of young adults are affected
- alcohol-related disorders – 4.7 per cent of adults show dependence
- drug dependence – 2.2 per cent of adults living at home are affected
- anorexia nervosa – 1 per cent of adolescent girls affected

- Alzheimer's Disease and other forms of dementia are the most prevalent mental health problems in the community.

Community pharmacists have a role to play by taking note of patients seeking their advice on problems such as:

- tiredness, poor sleep, lack of energy
- palpitations due to anxiety
- vague aches and pains
- inability to relax
- poor memory
- conviction that physical disease is present in the absence of medical evidence for this.

People suffering from these symptoms which fail to clear up within a few weeks should be counselled and persuaded to consult their GP. With appropriate treatment, most moderate anxiety and depressive disorders can be successfully managed in primary care before they develop into more serious conditions.

Use your PMRs

It is usually possible for pharmacists to identify people with mental health problems from their patient medication records (although some drugs, eg tricyclic antidepressants, may also be used for the treatment of nocturnal enuresis and trigeminal neuralgia). The input from community pharmacists should not be underestimated when patients needing advice are counselled at the pharmacy.

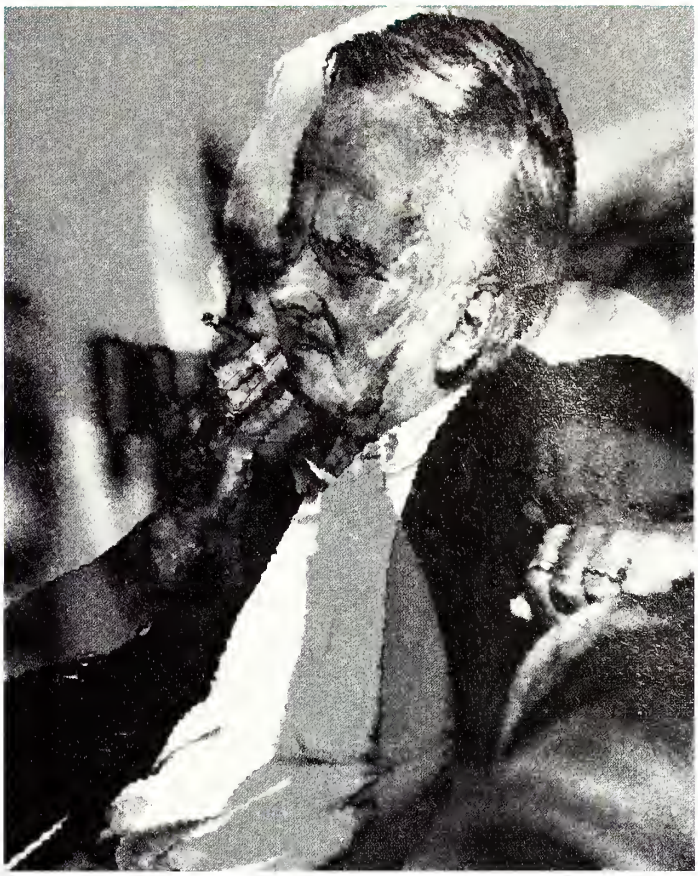
Caring at home

Many patients suffering from mental illness are cared for at home by a GP. Patients who have been referred to a psychiatrist are likely to be managed at home by the community mental health services. If they have been admitted to an acute psychiatric ward they are likely to be discharged after a short stay.

Many long-stay patients are also discharged into the community, but many of their needs are not covered by the follow-up care which varies considerably from area to area.

In recent years discharged patients with no family home to return to, may end up in a bed-sit or other unsatisfactory accommodation, not well enough to self-care. They will probably be unable to find employment or to live a normal life.

If they fail to take medication, their symptoms will return and the cycle of treatment will start again. It is therefore important to help such patients with counselling and with aids to compliance in an attempt to enable them to live as normal a life as possible, avoiding the need for re-admission to hospital and consequent additional cost to the hospital budget.



Pharmacists can help with counselling about the need for compliance

Co-operation in PCGs

When the patient is under the care of health and/or social services staff, it is helpful if the pharmacist supplies an up-to-date list of all medication to avoid any omission when the patient's medication regime is being reviewed or OTC medicines are purchased.

There is a good case to be made for mentally ill patients to be registered with one pharmacy for the supply of medicines. When PCGs are set up there is an opportunity for this change to be encouraged. There would be fewer risks of incompatibilities or duplication when drugs are ordered by a GP and by a hospital doctor.

The pharmacist could also supervise compliance where there is no family/social service/nursing support available for the patient. The provision of a compliance aid for periods of say one or two days supply of medication, or for the supply of medicines to be collected at the pharmacy by the patient on pre-arranged days, would also assist patients who forget to take their medication.

Domiciliary visits by a pharmacist is one way to ensure patient compliance in cases needing closer supervision. In addition, a check may be made at the pharmacy when patients fail to collect further supplies of their medication. Patient non-compliance is the single most important factor resulting in severely mentally ill patients having to be re-admitted to hospital.

Counselling patients

Counselling patients about the need for compliance and explaining possible side effects is essential for mentally ill patients who, for a variety of reasons, fail to take their medication. This should be done informally by the pharmacist, in a quiet area of the pharmacy, when medicines are collected.

Patients also benefit from the opportunity to discuss treatment and ask questions about it. It is sometimes difficult to gain their confidence because of a reluctance to discuss their problems: they often suffer a stigma when the nature of their illness is known to others which makes them reluctant to talk about it.

They may also be sedated by their medication which makes them slower to respond. Pharmacists may find that once a patient's confidence is gained, then it is possible to help them in future when questions are asked.

A record should be kept, if possible, of any OTC medicines which are purchased by mentally ill patients to keep a check on any incompatibilities, adverse reactions or duplication. It is essential for patients to be counselled by the pharmacist when OTC products are purchased.

Some mentally ill patients are more likely to attempt suicide than others, so pharmacists should advise on the disposal of any surplus medicines in an attempt to prevent hoarding. Patient medication records are invaluable in cases where an overdose is taken and for this reason it is helpful for all OTC purchases to be recorded.

Patients from ethnic minority groups often require counselling time on their medication. The many cultural differences in patients from ethnic backgrounds can cause problems in stressing the need to comply with their medication regime, despite the requirements of their religious beliefs or dietary restrictions.

It is interesting to note that among groups of people of West Indian and Irish origin living in this country, the number of admissions to psychiatric hospital units for schizophrenia is over three times greater than for people born in England or Wales. It has also been shown that class has an effect on the epidemiological data. Depression is five times more common in working class women than in men. Schizophrenia is more common in the lower social class.

The severely mentally ill

More severely ill patients include, for example, patients suffering from schizophrenia who, until their condition is stabilised, are usually treated in hospital.

Schizophrenia is a relatively common form of psychiatric disorder and the average GP cares for about ten to 20 such patients, depending on the size of the practice, its location and social surroundings.

Schizophrenic patients usually show a change in personality in the initial stages of the disorder, losing their friends and their jobs, and they show a decline in personal hygiene.

There are a number of drugs available for the treatment of schizophrenia. Dopamine blocking drugs are frequently the first choice of treatment, eg haloperidol chlorpromazine, trifluoperazine, sulphiride and pimozide. They are usually given by mouth and vary in their sedating and arousing properties as well as their side effect.

Depot injections are given for continuing treatment when a slow steady release of the drug is maintained over periods of one to four weeks. This method of administration enhances compliance and symptoms are relieved in approximately 70 per cent of patients. The main drawbacks of the treatment are Parkinsonian symptoms which occur in one third or more of patients receiving treatment, and such symptoms are usually treated by antimuscarinic drugs eg procyclidine or orphrenadrine. (Patients should be observed for symptoms of abuse which may arise when these drugs are used regularly).

Continued on PVI →

Continued from PV

The introduction of new antipsychatic drugs, eg clozapine ar risperidane, has resulted in fewer side effects. Hawever, these drugs have certain drawbacks mainly af cast and the need for patients ta undergo regular bload tests ta check far signs of neutropaenia. If this is faund then the treatment has to be stopped. If the treatment is cantinued the results are usually very successful.

A small propartion of schizaphrenic patients – up ta 20 per cent of sufferers – will require lang-term, highly dependent, structured care, sometimes in secure conditians. With the introduction af new drugs and careful medical supervisian, many schizophrenio sufferers – approximotely half of all diagnosed cases – can live relatively independent lives, with vorying levels of suppart, but they require cantinuing medicatian.

The best 30 per cent of patients are independent, warking full-time, and raising families.

Patients suffering from schizaphrenia need suppart from a number af agencies if they are to remain independent af hospitalisation. Their key warker can help with organising housing needs ond doy-to-day living ond how they get their supply of medication.

A community phormacist supervising potient complionce would go o long way towards ensuring that the potient does not need re-odmission to hospitol. In these coses the hospitol budget benefits os well as the patient.

Who pays?

Community pharmocists wishing to become professionally involved in the improvement of standords of core for mentolly ill potients in the community, must decide how to implement their involvement within each PCG

They may decide that job shoring is the answer, but it is essentiol for them to operate os a teom, lioising with the hospitol services as well as with Sociol Services ond the community psychiotric nursing services.

Since it would olso be odvontogeous for potients to be registered with one pharmocy, it would be necessary to draw up a scheme for sharing patient registrotions, depending on the commitment which phormacists are able to moke to this service.

If phormacists worked as partners in o teom, with other members of the heolthcore professions providing seamless core for mentolly ill potients, their involvement could be for certain pre-orronged periods of time in job shoring roles.

In 1990, most people with mental health problems did not receive enough information about treatment

Failure to comply

Most mentolly ill patients fail to comply with their medication regime for the following reosons.

- They lock insight into their condition, maintoining/believing that they are not ill ond do not need their medication. On some occosions patients ore ollowed to leave hospital on condition thot they take their medication regulorly. However, it is often the cose that they fail to comply once they leave hospitol, with the result that they have to be re-admitted.
- Dislike of the side effects of their medication which con sometimes be unpleosont. Studies in the US have shown thot if potients are informed about possible side effects they ore more likely to be able to deol with them and they continue taking the medicine.

In 1990 MIND – The National Association for Mental Health – published o survey which showed that 80 per cent of people with mental health problems felt they did not receive enough information about their treatment ond 84 per cent felt they did not receive enough information about side effects.

- Some failure to comply moy be due to o change in the appearonce of o medicine. Tablets may vary in colour depending on the manufacturer and pharmacists should take time to explain to patients any difference in appeoronce if they are unable to obtain supplies from the same manufacturer when they re-order.
- Failure to odequotely counsel potients may result in non-compliance. Pharmocists should take time to explain to patients why they have been prescribed their medication and haw it should be token, ie how often eoch day and at what time each dose should be taken. Where the patient is being cared for by o member of the fomily then this responsible person should also receive counselling.
- In the treatment of depression, many people lose their motivation to take their medication because side effects frequently occur before they feel any beneficiol effects of the medication. It is therefore important that pharmacists fully explain any possible side effects to potients when they dispense their prescriptions, in order that they persevere with the treatment until they feel the benefit.

PHARMACYupdate: distance learning for pharmacists

Phormocists using **Pharmacy Update** for continuing educotion ore reminded of the need to test. With the support of Genus Pharmaceuticols, *C&D*'s reoders con self-test their progress by using the multiple choice question (MCQ) poper to be inserted in the June 12 issue, which will cover this week's CPP-occredited modules, together with those in the Moy 15 issue.

The MCQ poper for the April modules will be enclosed in next week's *C&D* covering:

- Phormoco-economics (1122)
- Needle exchange (1123)
- Childhood immunisotion (1124).

A foxbock service for these modules ond ossociated MCQs operotes on 0891 444791 (premium rotes opply). A telephone morking service offers independent verificotion of results – detoils ore given on the monthly MCQ popers.

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Presentation: Lodine SR tablets contain etodolac 600mg in a sustained release formulation. **Uses:** Acute or long-term in rheumatoid arthritis and osteoarthritis. **Dosage and Administration:** Lodine SR tablets 600mg once daily. Safety of doses in excess of 600mg per day not established. Elderly - no change in initial dose generally required. Not recommended in children. **Contra-indications, Warnings etc:** Hypersensitivity, active peptic ulceration or a history of peptic ulcer disease (including gastrointestinal haemorrhage due to another non-steroidal anti-inflammatory drug), patients who experience asthma, rhinitis or urticaria during therapy with aspirin or other non-steroidal anti-inflammatory drugs. Pregnancy, during lactation. **Precautions:** Although non-steroidal anti-inflammatory drugs do not have the same direct effects on platelets as does aspirin, all drugs which inhibit the biosynthesis of prostaglandins may interfere, to some extent, with platelet function. Patients receiving etodolac who may be adversely affected by such actions should be carefully observed. In patients with renal, cardiac or hepatic impairment, especially those taking diuretics, caution is required since the use of NSAIDs may result in deterioration of renal function. The dose should be kept as low as possible and renal function should be monitored. However, impairment of renal or hepatic functions due to other causes may alter drug metabolism; patients receiving concomitant long-term therapy, especially the elderly, should be observed for potential side-effects and their drug doses adjusted as needed, or the drug discontinued. Serious gastrointestinal adverse effects such as bleeding, ulceration and perforation can occur at any time with or without warning symptoms in patients treated with NSAIDs. If any sign of gastrointestinal bleeding occurs, etodolac should be stopped immediately. Regularly review long-term patients e.g. for changes in, renal function, haematological parameters, or hepatic function. Use with caution in patients with fluid retention, hypertension or heart failure. **Drug Interactions:** Highly protein-bound drugs, e.g. anti-coagulants. Rarely prolonged prothrombin times with warfarin. Concomitant use of cyclosporin, digoxin or lithium with NSAIDs may cause an increase in serum levels of these compounds and associated toxicities. Bilirubin tests can give a false positive due to the presence of phenolic metabolites of etodolac in the urine. **Side Effects:** Reported side-effects include nausea, epigastric pain, diarrhoea, indigestion, heartburn, flatulence, abdominal pain, constipation, vomiting, ulcerative stomatitis, dyspepsia, gastritis, haematemesis, melaena, rectal bleeding, colitis, vasculitis, headaches, dizziness, abnormal vision, pyrexia, drowsiness, tinnitus, rash, pruritus, fatigue, depression, insomnia, confusion, paraesthesia, tremor, weakness/malaise, dyspnoea, oedema, palpitations, bilirubinuria, hepatic function abnormalities and jaundice, urinary frequency, dysuria, angioedema, anaphylactoid reaction, photosensitivity, urticaria and Stevens-Johnson syndrome. The more serious adverse reactions of gastrointestinal bleeding and peptic ulceration have been reported occasionally. NSAIDs have been reported to cause nephrotoxicity in various forms and their use can lead to interstitial nephritis, nephrotic syndrome and renal failure. Occasionally blood disorders have been reported.

Pharmacological Particulars: *Inhibition of Prostaglandin Synthesis and COX-2 Selectivity:* All non-steroidal anti-inflammatory drugs (NSAIDs) have been shown to inhibit the formation of prostaglandins. It is this action which is responsible both for their therapeutic effects and some of their side-effects. The inhibition of prostaglandin synthesis observed with etodolac differs from that of other NSAIDs. In an animal model at an established anti-inflammatory dose, cytoprotective PGE concentration in the gastric mucosa has been shown to be reduced to a lesser degree and for a shorter period than other NSAIDs. This finding is consistent with subsequent in-vitro studies which have found etodolac to be selective for induced cyclo-oxygenase 2 (COX-2, associated with inflammation) over COX-1 (cytoprotective). Furthermore, studies in human cell models have confirmed that etodolac is selective for the inhibition of COX-2. The clinical benefit of preferential COX-2 inhibition over COX-1 has yet to be proven. *Anti-inflammatory Effects:* Experiments have shown etodolac to have marked anti-inflammatory activity, being more potent than several clinically established NSAIDs. **Product Licence Number:** Lodine SR tablets: 0011/0197 (600mg). **Basic NHS Cost:** £15.50 for 30 x 600mg SR tablets. **Date of Preparation:** March 1999. **Legal Category:** POM. For full prescribing information please refer to data sheet. **Product Licence Holder:** Wyeth Laboratories, Huntercombe Lane South, Taplow, Maidenhead, Berks SL6 0PH. **Supplied by:** Monmouth Pharmaceuticals Ltd., 3 & 4 Huxley Road, The Surrey Research Park, Guildford, Surrey, GU2 5RE.

References **1.** 82 million prescriptions world-wide in the last 6 years (IMS health data) **2.** Simon L., J.Clin.Rheumatol., 1996; 135-140 **3.** Riendeau D., et al., British Journal of Pharmacology, 1997; 121: 105-117 **4.** Kawai S., European Journal of Pharmacology, 1998; 347: 87-94 **5.** Glaser K., Inflammopharmacol., 1995; 3: 335-345 **6.** Dreiser R., Rhematol.Int., 1993; 13, 2: S13-S18

†Demonstrated in-vitro and in human whole blood assays. The clinical benefit of preferential COX-2 inhibition over COX-1 has yet to be proven.

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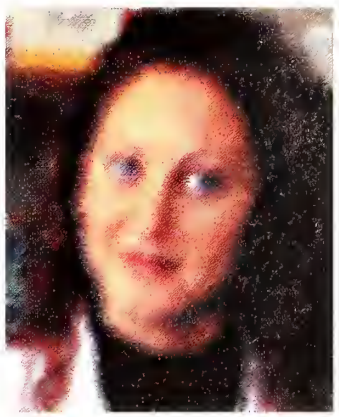
April 1999

LOD 142

One thing leads to another

Primary care pharmacist Mary Allen uses a case study to look at how an adverse drug reaction was discovered during a medication review of a diabetic patient



Jae Edwards is a 72-year-old patient who has lived alone since his wife died last year. He is reasonably independent and usually collects his own prescriptions.

He has a history of hypertension and seven years ago was diagnosed with mild diabetes. He asks if he can buy a tonic over the counter as he has been feeling a bit tired lately. While he was signing the back of his prescription the pharmacist, Jill Brown, noticed that the skin on the back of his hand was very purple with silver scaly patches.

The prescription

Co-tenidone 100/25; Gastrocote tabs 1-2 qds; Glibenclamide 5mg od

Jae's PMR showed he had used Diastix, but not for some time.

Drugs in focus

Co-tenidone 100/25

Co-tenidone is a combination product containing chlorthalidone 25mg (a thiazide-type diuretic) and atenolol 100mg. This dose is indicated for patients with angina or left ventricular failure. Lower doses (atenolol 50mg) are used for hypertension. In patients with renal impairment (which is common in the elderly and in diabetes), doses should be further reduced.

However, both ß-blockers and thiazide diuretics should be used with caution in diabetes as they can both impair glucose tolerance. ß-blockers may also interfere with body responses to hypoglycaemia.

Both atenolol and chlorthalidone may add to risk of impotence in a diabetic patient, which may or may not be a problem for Jae.

Glibenclamide

Glibenclamide is a long-acting sulphonylurea used to control non-insulin dependent diabetes. Long-acting sulphonylureas are not recommended in the elderly as they increase the risk of hypoglycaemia. Jae's atenolol may mask any symptoms of a hypo (although the tendency for both atenolol and chlorthalidone to increase hyperglycaemia may help to offset a hypo).

Gastrocote

The *British National Formulary* cautions the use of Gastrocote in diabetes because of the high sugar content (*BNF*, p30). (Gastrocote also has a high sodium content which may be a problem for Jae's hypertension.) The British Diabetic Association generally recommends that patients do not avoid medicines on the grounds of sugar content. However, in the light of the specific *BNF* caution in this particular case, an alternative preparation may be more appropriate.

Unanswered questions

Does Jae need Diastix?

Jae should be monitoring the levels of glucose in his urine. He may be getting his reagents from elsewhere – the clinic or the surgery or at the hospital, or even on prescription from another pharmacy (this seems unlikely as the PMR shows regular dispensing of his other items).

Isn't urine testing old-fashioned? Shouldn't Jae be using blood glucose reagents?

For most patients with non-insulin dependent diabetes (NIDDM), urine testing is usually sufficient. Only those patients with poorly controlled NIDDM need to test blood levels.

What might cause Jae's tiredness?

- He may be hyperglycaemic.
- Fatigue may be a side effect of the atenolol (although he has been on this for a long time).
- Jae may be hyponatraemic, which can cause weakness. His thiazide diuretic may cause his blood sodium levels to be depleted.
- He may simply not be looking after himself very well since his wife died. The large quantities of Gastrocote supplied may indicate that he is not eating well.

What is causing the scaly patches on Jae's skin?

This is likely to be psoriasis. Confirmation would be by skin biopsy.

Could Jae's medicines affect his psoriasis?

Psoriasis is a chronic proliferative disease which occurs at any age, although the typical age at onset is in the third decade. It has an auto-immune component.

The current *BNF* states that beta-blockers may exacerbate psoriasis. Other reports suggest that ß-blockers may precipitate a psoriasiform state. Propranolol (a ß-blocker) is known to inhibit cyclic AMP, so cyclic nucleotides may play a part a role in the onset and clinical course of psoriasis.

Atenolol may have played a part in triggering the condition but should be discontinued as its use is unlikely to help Jae's psoriasis.

Outcomes

Jill arranged a meeting with Jae's GP. She suggested changing Jae onto a shorter-acting sulphonylurea for his diabetes.

The doctor confirmed that the co-tenidone has been prescribed for hypertension. He had been on this dose for years. Jill pointed out that the lower strength was licensed for hypertension, but that Jae might benefit from switching to an ACE inhibitor or to diltiazem to control his BP.

The GP was concerned about the effects on his drug budget. However, once Jill had reminded the doctor that co-tenidone may make Jae's diabetes worse, and may be implicated in his skin condition, the GP switched Jae to an ACE inhibitor, which would also help to reduce diabetic nephropathy. The changeover was carefully monitored.

Jill also suggested that Jae needed to understand the importance of regular urine testing using a quantitative reagent such as Diabur 5000 or Diastix. A session with the practice diabetic nurse was arranged.

The GP realised that the practice repeat system allowed Jae to obtain repeats without anyone keeping check on whether he was ordering reagents. Jill and the doctor are drawing up a protocol for prescribing in NIDDM that ensures patients are called in for regular checks to detect urinary protein (to monitor renal deterioration) and to measure glycosylated haemoglobin (which provides a retrospective picture of Jae's glycaemic control over the past two months).

A blood test showed that Jae's blood sodium levels were OK. Thiazide diuretics may reduce blood sodium and potassium levels. Any sodium loss may well have been offset by the sodium in his Gastrocote!

Following the switch to an ACE inhibitor, Jae's health and his skin both improved.

Jae confessed that he didn't eat well – his wife had always done the cooking and he just muddled along. An appointment was arranged with the dietician who emphasised the need for careful eating to control his diabetes and for good health generally.

Eventually, an arrangement was made to provide a 'meals on wheels' service to ensure that Jae had a square meal once a day, and he agreed to increase his fruit and vegetable intake, make himself some porridge in the morning, and have a sandwich meal in the evening.

The doctor considered changing Jae's indigestion remedy but by the time this issue was addressed, he found Jae's indigestion had improved with regular meals and better diet, so he needed Gastrocote only for occasional use.

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Referances:

1. Gastpar H, Aurich R, Petzald U, et al. Alsa Kunkel G, Boumgarten CR. Data on file.

2. Taylar Nelsan AGB Healthcare. Counterpaint. Quarter 2. 1998.

3. Taylar Nelsan AGB Healthcare. Data an file. October 1997.

RHINOLAST® HAYFEVER NASAL SPRAY ABBREVIATED PRODUCT INFORMATION

Presentation: Nasal spray containing aqueaus salutian 0.14 mg azelastine hydrochlaride per actuation.

Uses: Seasanal allergic rhinitis including hayfever.

Dosage and administration: Adults: One 0.14 mg (0.14 ml) spray inta each nastril twice daily. Children: Insufficient clinical data ta recammend use.

Contra-indications: Proven allergy to camponents.

Use in pregnancy and lactation: Experience af use in pregnancy is limited. With the nasal raute af administratian and the law dase administered, minimal systemic expasure can be expected. Hawever caution should be exercised with use during pregnancy and lactatian.

Side Effects: Irritatian af the nasal mucasa. Azelastine has a bitter taste which may be experienced if Rhinalast® Hayfever enters the aropharynx.

Pharmaceutical Precautions: Store above 8°C.

Legal category: P Praduct

Licence Holder: ASTA Medica Limited, 168 Cawley Road, Cambridge CB4 4DL. PL8336/0060.

Distributed by: Sankya Pharma UK Limited, Sankya House, Reptan Place, White Lian Raad, Little Chalfant, Amersham, Buckinghamshire HP7 9LP.

Package quantities and price: Trade price: £3.28, RSP: £5.75 far 5ml battle with metered pump device. Far further infarmatian please contact Sankyo Pharma UK Limited.

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Question time

We put the questions to this year's candidates in the RPSGB Council elections. Candidates were asked to respond to at least two out of three questions we posed:

1. Does the Crown Report go far enough in recommending an extended role for pharmacists?
2. Who or what is the greatest influence on the profession at present and is this a good thing?
3. Do you think the Society has thoroughly thought out the consequences of introducing dispensary protocols and training requirements for dispensary staff?

These were their replies:

David Allen

David Coleman

David Allen

1) The Crown Report addressed the issues of prescribing by other professions. It will require a concerted effort from all the bodies in pharmacy to persuade the NHS of the crucial role of pharmacists in becoming dependent prescribers. The Report is a major opportunity for the profession to turn the prescribing role into a reality. We must not lose any time in pressing on with the task ahead.

2) There are many influences on the profession at present, although government policy on the NHS is the major driver of Society policy. Along with the numerous NHS documents being issued at present, we must also be aware of commercial market forces which are having a substantial effect on our workforce requirements.

3) The introduction of mandatory training for dispensary staff will have a major influence on all pharmacy employers. The Society intends to work with all interested parties and organisations to develop the new NVQ and to address the financial implications of this policy. It is only with a joint approach to the subject that the many issues will be thoroughly developed to ensure that pharmacy will be able to meet all the requirements of the clinical governance issues.

David Coleman

2) Sadly, I believe it is old divisions like the old problems at the beginning of the last great healthcare epoch in 1948. Two divisions concern me:

a) between pharmacists and corporate bodies – the epoch of the 'New NHS' has presented an opportunity for the profession to regain its independence. This problem would become much less important if the commercial aspect of remuneration was pared to a minimum, and if extended roles were remunerated directly to pharmacists, albeit principally through community pharmacies.

b) between hospital and community – this could dissipate naturally as the extended role develops. I hope this will make all pharmacists feel they have more in common. If pharmacists were required (as with the training of doctors) to work in both disciplines as part of their early preparation for involvement in pharmaceutical care, manpower would also be better distributed.

3) As one who has been committed to professional training of technicians for 20 years, I see the policy of universal standards as official endorsement of a long held belief. However, the Society, while maintaining legitimate control over the training process, mustn't fall into the trap of thereby creating a two tier pharmacist qualification with two possible routes of entry.

Ian Conquest

1) The Crown Report should provide a good first step for pharmacists to begin a prescribing role. Once the profession has taken that step and proved to the public, the establishment and itself, that it is capable, then any further developments can be progressed.

2) Unfortunately, the Government has the greatest influence on pharmacy. The profession has, I believe, a desire for change. However, most of the changes it would like always seem to

Ian Conquest

Christine Glover

require a change to legislation as well. This leaves the profession open to the whims of politics.
3) The Society has, by its own admission, not thought through the full consequences of its introduction of mandatory dispensary protocols and training. Only after taking its decision did it say it would try and quantify the pharmacist's time saved and the costs. However, the time saved cannot be measured until after the protocols are developed. I am fully behind the principle of training, but it must be cost-effective training. The basic idea is sound, but all the consequences and costs need to be considered before making it mandatory.

Digby Emson

1) The extended role for pharmacists involves a number of potential issues. Given the scope of the Crown Report, it does provide a sensible basis on which the profession could begin a dependent prescribing role, which is only one important element of developing an extended role for pharmacists. However, given that primary legislation will be required, the pace of development is likely to be too slow to satisfy the aspirations of many pharmacists.
2) The Government is the greatest influence on the profession, and its development, at present. There have been many honeyed words about fair remuneration and the publication of a future strategy for pharmacy, but little action so far.
3) Much of the thinking behind the 'skill mix' proposals is to be supported if it leads to more appropriate use of the pharmacist's time. However, it would be more logical to agree the operating procedures and indicate the framework of tasks before progressing the training requirements for individuals involved. We need to reach broad agreement on how things might work and then identify training needs.

Christine Glover

1) The Crown Report does not go far enough, however it is a good start. Some pharmacists are ready to prescribe, others will need to refresh their clinical skills, and some will not want to prescribe at all. Pharmacists have the potential to prescribe, but they must demonstrate that they can do it effectively and safely.
2) The greatest influence on the profession is the way community pharmacy is paid. The current remuneration system is the major barrier to allowing pharmacists to deliver better pharmaceutical care.
3) The Society has thought through the consequences. It is not going to be easy, and there are cost implications, but if the profession does not get this sorted out now, it will be imposed from outside in due course. In a new world of clinical governance, primary care groups and trusts will have to contract with accredited pharmacies. Unqualified staff in key positions will not be acceptable. The Society must work with everyone to move this forward.

Gill Hawksworth

1) The Crown Report has developed a framework that our profession must now use to secure the prescribing rights for pharmacists. However, community pharmacists are already independent prescribers in their own right with regard to non-prescription medicines, and to prescribe these within the NHS would be a natural extension of the pharmacist's role.
2) At the present time, the greatest influence on the profession is remuneration. The health secretary's strategy for community pharmacy, the Society's 'New Age' and PSNC's medicine management all depend on a sound financial basis and the manpower to deliver the services. Recruitment, retention and motivation are crucial, if we are to deliver prescribing support and help PCGs deliver health improvement programmes. This in turn depends on financial security for a rational distribution of community pharmacies.
3) During the consultation period for 'Making the best use of pharmacists and their support staff', by far the most frequent concern raised was the additional associated costs of developing training and the training of staff. It is surprising that despite the major cost implications, identification of potential sources of funding and further considerations of the implications of the changes are now only being undertaken after the Council's decision.

Pat Hoare

1) Yes. Crown recognises pharmacists' education and acknowledges the skills of pharmacists currently guiding prescribers towards clinically effective and appropriate prescribing choices, reducing waste and monitoring compliance. Accredited pharmacists can choose professionally rewarding careers as medicines managers, be convenient and supportive to patients and ensure seamless care. Fifty pilot sites will provide unparalleled opportunities to prove pharmacists' value as dependent and independent prescribers.
2) The secretary of state for health. He convened the listening process and the round table talks, so at least he appears sympathetic to pharmacy. Publication of the long awaited strategy for pharmacy will show whether he just looks cute and cuddly, or whether he really can deliver a better deal for pharmacists against Treasury opposition.
3) Yes. Just because there will be difficulties along the way, shouldn't mean shrinking from the challenges if the goal is worth achieving. The Society is timely in exploring ways to free up the pharmacists' time and raise standards of practice. Quality issues and clinical governance

Continued on P24 →

Digby Emson

Gill Hawksworth

Pat Hoare

John Jolley

→Continued from P23

underpin recent White Papers while *Which?* focused on the quality of advice available from community pharmacies. Add to that Crown, and it is obvious that all levels of staff including pharmacists are going to need ongoing training and 'upskilling'.

John Jolley

2) The greatest influence on the profession at this time is the current manpower shortage, which is seriously limiting the opportunities available to pharmacists.

Over 150 polytechnics currently offer qualifications in pseudo pharmacy courses, in order to satisfy the shortage that exists in hospital and industrial pharmacy. If we are to prevent further erosion into the established role for pharmacy, we should urgently take action to increase the number and quality of pharmacy graduates.

3) The Society's guidelines on training of counter assistants and dispensers are essential if we are able to present the appropriate professional image to our patients. However, we urgently need to agree how this training can be paid for, particularly if it is not to further disadvantage the independent pharmacist who can least afford this additional cost.

David Kent

1) The Crown Report fails to address the aspirations of pharmacists in that it fails to recognise the core knowledge and expertise possessed by all pharmacists. It fails to recognise the role pharmacists already play in the identification and treatment of a whole range of conditions regularly presented to them in the community setting.

David Kent

Andy Murdock

The Crown Report fails to recognise that pharmacists already treat presented conditions but often have to refer patients to a doctor because either they cannot afford to purchase the appropriate OTC medicines, or because no suitable OTC preparation is available.

The Crown Report should have recognised the role pharmacists have in relieving doctors of readily treatable conditions and leaving them to use their specialised expertise to diagnose and treat more serious conditions.

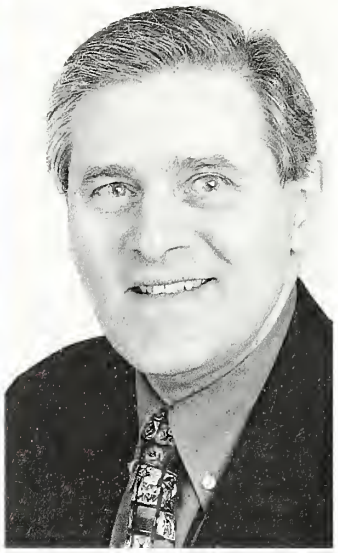
The Crown report should also have recommended that the NHS should fund prescribing by pharmacists.

3) No. Every pharmacist has his or her own working methods developed through experience of his or her particular circumstances. To try and fit these into a rigid protocol framework will not work. Training for dispensary staff is laudable but each pharmacist must be allowed to decide what he or she considers to be a suitable level of training.

Andy Murdock

1) In the interim, yes it probably does. The profession's ability to prescribe will, albeit on a dependent basis, require a vast change in mindset and will also require a re-kindling of latent skills. Moving too far too quickly along this continuum could potentially frighten the profession. The dependent prescribing staff will fit very conveniently into other professional initiatives, which are attempting to fundamentally re-engineer pharmacy practice. It is another essential piece that we must make use of and help complete the future pharmacy jigsaw.

2) Unfortunately, it is the Government. The fundamental changes that they are introducing in NHS re-organisation could potentially



Alan Nathan

incapacitate pharmacy. The profession has to present a co-ordinated, united agenda to persuade and neutralise this threat.

3) I am not sure that it has. However, having said that, the move is fundamentally correct. In the future, we will require support staff who have a higher degree of competency and skill to allow pharmacy to fulfil its new role. While the timing may have been a little inopportune, the forward planning is essential. The fundamental problem, I believe, has come in the communication exercise that has occurred in presenting this policy.

Alan Nathan

1) Yes, I think Crown Report goes far enough for the moment. In its recommendations regarding independent prescribers it endorses and potentially strengthens the pharmacist's role in the treatment of minor ailments. The Government should now further extend the list of POM to P medicines, and let pharmacists prescribe non-prescription medicines free on the NHS to patients exempt from charges. We could then save the NHS a lot of money by reducing visits to GPs, enhancing our professional standing in the process.

With regard to dependent prescribing, we should not try to run before we can walk. This role requires considerable clinical expertise, and not all community pharmacists could do it at the moment. Extra training would be needed to give pharmacists the confidence to do the job, and doctors the confidence to approve pharmacists doing it. But there is time, as the necessary legislative and administrative framework will probably take a few years to set up.

3) I think that the Society has thought through the basic principles, because we need trained and accredited staff for this highly skilled work, to allow pharmacists to spend more time advising patients. The Council is still considering the detail of implementation of the policy.

Hemant Patel

1) The Crown Report provides a new mechanism to improve access to medicines for the patients and extends prescribing opportunities to other 'competent' non-medical professionals. The report, coinciding with new thinking, restructuring and allocation of new roles in the NHS makes it crucially important. New thinking is about patients benefiting from raising of quality standards, increasing efficiency, IT linked pharmaceutical service as an integral part of the NHS, and need for a prompt and accessible service. Seen in this context, I am content with the inclusion of pharmacy in the report. What I'm much more concerned about is how the profession will continue to upgrade

Continued on P26 →

Hemant Patel

Alaster Rutherford

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Source: (BMJ Volume 317, 12/12/1998).
"Intranasal corticosteriods are more effective than oral antihistamines in the first line treatment of allergic rhinitis."

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Presentation: Aqueous nasal spray containing 50 micrograms beclomethasone dipropionate per spray. **Uses:** Allergic rhinitis. **Dosage:** Intranasal use only. Adults aged 18 and over: Two sprays into each nostril every morning and evening. **Contra-indications:** Hypersensitivity. **Precautions:** If symptoms have not improved after using Beconase Allergy for 14 days consult a doctor. This product should not be used continuously for longer than 3 months without consulting a doctor. Pregnancy and lactation, consult doctor before use. **Side effects:** Dryness and irritation of the nose and throat, unpleasant smell and taste and epistaxis have been reported rarely. Rare cases of raised intraocular pressure or glaucoma and nasal septal perforation have been reported. Systemic effects may occur, particularly when used at high doses for prolonged periods. Price (ex VAT) 100 spray £5.69 180 spray £8.59
Legal category: P. **Licence Holder:** Allen & Hanburys Limited, Uxbridge, Middlesex UB11 1BT. **Product licence number:** 10949/0093. Date of preparation: April 1999.

→Continued from P24

the knowledge base and accept new responsibility.
2) A sincere Frank Dobson is the greatest influence on the NHS, followed by money. Jointly, they can be good.
3) The Society will lobby for new money and fine-tune this initiative. The writer E B White said: "The only sense that is common in the long run, is the sense of change - and we all instinctively avoid it." The consequences of maintaining the status quo contrasted with the consequences of acting when there are new developments in the NHS, IT and prescribing opportunities should be widely publicised and understood.

Alaster Rutherford

1) Crown has created opportunities for us to demonstrate our competence to fulfil this role to the benefit of patients. Training to a high standard and effective research and audit are needed to show conclusively health gain. In this way we can secure progressive extensions. I suggest, as a first step, that we should pilot mechanisms for supplying emergency contraception using group protocols, to support the health improvement programme within an area of high health need, eg a health action zone. We must act to ensure legislative changes allow maximum flexibility and will be secure under EU harmonisation.
2) The DoH is currently the greatest influence with an apparent absence of decisive strategic planning and crude financial attrition, manifested in the discount clawback, eroding the confidence of community pharmacists in the future. New Labour should become the greatest influence as a ten year government, with a 15 year plan to re-engineer

Ashwin Tanna

Allen Tweedie

state health provisions. NHS Direct is merely the first element and we must make sure pharmacy's voice is heard at every opportunity.
3) Yes and it is correct. Quality assurance is essential as we delegate tasks and must be supported by independently validated training.

Ashwin Tanna

C&D was unable to contact Mr Tanna, who was away on holiday at the time.

Allen Tweedie

1) The Crown Report is favourable to pharmacy. We must now develop our own programme of effort in achieving a much larger input into primary care. We, ourselves, are the people who can make change happen. We need to construct a comprehensive operational programme to this end. Visions are not enough. My job, if elected, is to see that this happens. Indeed, I have already made it happen in one major area of our core expertise - medicines management.
2) The greatest influence at present is the new government strategy for the NHS. The secretary of state has offered pharmacy specific opportunities. The new medicines management proposals, designed under my leadership, have already achieved Government recognition. We are proceeding into piloting the new intervention. It builds on our core expertise; gives us a much higher profile in patient care; links us in partnership with the medical profession and will transform pharmacy. It links particularly well with the secretary of state's own initiative on pharmacist prescribing. A positive response has already been received from doctors. The service will both facilitate and support the function of the new PCG/PCT structures.
3) No. This must be re-examined in the light of the above implications.

Scottish Executive candidates announced

There are nine candidates in this year's election for the six vacancies on the Royal Pharmaceutical Society's Scottish Department's Executive.

The candidates are:

- **Dr Christine Bond** of Aberdeen - senior lecturer at the University of Aberdeen and currently seconded to the Grampian Health Board as a part-time consultant in pharmaceutical public health.
- **David Dalglish** of Newton St Boswells - director of Eildon Pharmacies and pharmacy adviser to Borders Primary Care NHS Trust, active in the Area Pharmaceutical Committee and joint chairman of the Area Drug & Therapeutics Committee.
- **David Forbes** of Banchory - community pharmacist, member of SPF Executive, standing committee of SPGC and chairman of Aberdeen Area Chemists Contractors Committee
- **Alison MacRobbie** (née Stalker) of Inverness - pharmacy manager at Dr Gray's Hospital, Elgin and CPP regional adviser for the Highlands.
- **Rose Marie Parr** of Glasgow - director of the Scottish Centre for Post Qualification Pharmaceutical Education, national specialist for post qualification education and member of CRAG, the NPAC and the MCREC for Scotland.
- **Elizabeth Roddick** (née Ure) of Glasgow - proprietor community pharmacist, chairman of the Greater Glasgow Health Board APCC, member of SPGC and the SPF Executive.
- **Ronald Shiels** of Inverness - proprietor community pharmacist, chairman of Highland PCC, member of SPGC, SPF Executive, director of SPGC properties and of Albapharm, customer care director of Inverness Thistle and Caledonian FC plc.
- **David Thomson** of Lenzie - employee community pharmacist, SCPPE national tutor, member of PQE board, Scotland, and National Postgraduate Advisory Committee, chairman of GGHB APC, pharmacist for SIGN Rough Guidelines Workgroup, member of Stobhill Pharmacy Practice Unit and Glasgow South Drugs Forum, lead pharmacist for Clydebank LHCC and chairman of Glasgow & West of Scotland Branch.
- **Angela Timoney** of Dundee - acting chief pharmaceutical adviser for Tayside Health Board, chairman of Scottish Pharmaceutical Prescribing Advisers Group, member of NPAC SODoH, Scottish CAPO group, local Area Drug and Therapeutics and Drug Misuse Committees.

Voting papers must be returned by 4pm on June 9.

New Martindale at introductory price

The new edition of Martindale is available at an introductory price of £199 until October 31. From November 1, the price will be £235.

Re-named 'Martindale: The Complete Drug Reference', the new edition contains 5,300 drug monographs and details of 70,000 preparations. The cover has been redesigned to fit the Pharmaceutical Press house style. The Martindale website is *www.pharmpress.com/martindale*.

'Martindale: The Complete Drug Reference' (32nd edition). The Pharmaceutical Press. ISBN: 0-85369-429-X. £199 (£215 overseas) until October 31, then £235 (£250 overseas).

HAs told to connect GPs to NHSnet

The NHS Executive has instructed health authorities to ensure all computerised general medical practices are connected to the NHSnet by December 1999. GPs will be expected to pay for the telephone call charges for the NHSnet connection.

Non-computerised practices should be connected as soon as possible and by 2002 "at the very latest". However, the health service circular, dated April 13, makes no mention of connecting any other primary care service providers.

As a first step, NHSE wants to provide a "secure and user-friendly" NHSnet connection for GPs to allow them web and e-mail services as well as access, via a firewall, to the internet.

Long term, it wants hospitals and all GPs to be routinely exchanging secure structured electronic messages for referrals, discharge summaries, and laboratory and radiology results by the end of 2002.

Technical guidance is being posted on the NHS web site in April and May, but as a default, the NHSE wants GP practices to be connected using ISDN and router/firewall technology available under the NHSnet framework contract from BT and Cable & Wireless.

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AAH promotes Steve Dunn to managing director

Steve Dunn

Steve Dunn has been appointed AAH Pharmaceuticals' managing director – he joined the company last year as marketing director.

Mr Dunn's former post has been split in two: David Watkinson, formerly AAH's marketing manager, customer technology, becomes head of marketing, customer information and technology. Steve Leadbeter, who joined AAH from Tesco last year, is now head of marketing, category and brand development.

AAH clearly values Mr Dunn's past experience as a manager and marketeer of diverse brands such as Pizza Hut, Kraft and Intercontinental Hotels.

Michael Ward, AAH plc's chief executive, said: "Steve brings a wealth of experience from a number of different business areas to the role, and I am sure he will make a significant improvement to the further development of our UK wholesaling activities."

Mr Ward, meanwhile, will take over the day-to-day responsibility for managing Lloyds Pharmacy for the foreseeable future.

Although Michael Major, Lloyds' managing director, is due to leave at the end of June, Mr Ward said the company did not need to rush to find a successor. "We've got some good quality people who can handle the business [in Mr Major's absence]. In the future I will appoint someone to be managing director when I feel the time is right..."

Moss acquires majority stake in Italian pharmacies

Moss Chemists has acquired a majority stake in six pharmacies and a small wholesaler in Rimini, Italy.

The arrangement is similar to that under which AAH is about to acquire a number of pharmacies in Bologna – the Rimini authorities have set up a company called Amfa Spa as the businesses' holding company. Moss has agreed to buy a 73.8 per cent stake in the company for 23 billion lire.

Rimini's authorities are expected to sign the acquisition contracts by mid-June.

Michael Spruzs, an executive in Moss' marketing department, has been appointed to run Amfa for Moss.

Malcolm Bayly, Moss' development director, said Mr Spruzs had extensive marketing and operational experience at Moss, which would be put to good use to develop the Rimini pharmacies.

Alliance UniChem, like Gehe, wants to acquire other Italian pharmacies as they are privatised. Alleanza Salute Italian, the company's Italian pharmaceutical wholesale subsidiary, has a 25 per cent share of Italy's market.

- UniChem financial services and Southern Electric have launched an energy supply initiative designed to help independent pharmacists cut their electricity bills. UniChem said it had used its purchasing power to get the best supply deal for pharmacists.

If a pharmacy consumes less than 12,000kW of electricity a year (equivalent to an annual bill of around £1,000), the owner can save around £61 a year by switching to Southern Electric's tariff for that area. If the pharmacy uses more than 12,000kW, the owner receives greater discounts: 14 per cent discount on an 18 month agreement and 12 per cent discount on a 30 month agreement.

UniChem has also introduced Switch & Save, an introductory offer which enables its pharmacy customers to save around £85 on their household gas and electricity bills – they also receive up to £25 in Argos premier points.

John Jacquiss, UniChem's financial services manager, said it had thoroughly researched the energy market before deciding on Southern Electric.

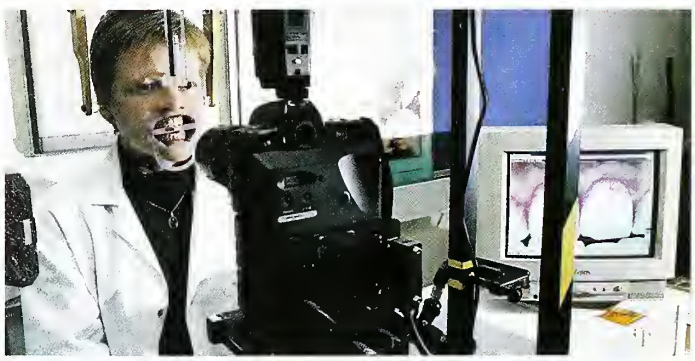
Peter Jacobs (left), Southern Electric's marketing manager, Kirit Patel (centre) at the Day Lewis Pharmacy in Sevenoaks, Kent, and John Jacquiss, UniChem financial services manager

Boots in oral health venture with Sheffield University

The Boots Company has set up an equal joint venture with Sheffield University to study oral health.

The new venture, called the National Centre for Applied Research into Oral Health, will harness the facilities of Boots Contract Manufacturing and the University's school of clinical dentistry.

The partners are believed to have invested around £3 million in the centre, whose chief executive is Professor Alan Brook. Mr Brook is also professor of the clinical dentistry school and an adviser of Boots Dental Care, which is running Boots the Chemists' trial dental practices.



Boots and Sheffield University hope their oral health research will lead to new products and solutions

BCM is said to be Europe's largest manufacturer of toiletries and cosmetics – it develops and supplies oral health products to BTC and other retailers.

The results of any research, apart from benefiting BCM, will also be useful to BTC's dental practices, the first of which is due to open in Milton Keynes on May 10, followed by others in Bedford, Slough and Maidenhead.

- BTC has appointed Jane Scott as head of its corporate affairs in Scotland. The newly created post is designed to help BTC develop close links with the new Scottish parliament.

More information required about role of animal medicines

More information is needed on the role of animal medicines in producing healthy food, according to Philip Lowndes, the new chairman of the National Office of Animal Health (NOAH).

Mr Lowndes said the link between what was produced on the farm and what was sold in supermarkets had been lost. This gap means lobby groups can win over public opinion with emotional arguments, which results in increasing regulation and bureaucracy.

Domestic sales of animal medicines rose 1 per cent to about £388 million last year, according to NOAH's annual report. However, sales of large animal products dropped, while those for companion animals grew. Sales of pet ectoparasiticides were up 26 per cent, cardiovascular products up 17 per cent and anti-inflammatories up 28 per cent.

NOAH is opposing proposals that would allow the proposed Food Standards Agency to impose on ministers its nomination for the Veterinary Products Committee. The proposal is "uninformed", according to NOAH director Roger Cook.

- NOAH has launched a new leaflet. 'Focus on NOAH' gives details of the Association's work and the animal health industry.

EC may allow more on drug web sites

The European Commission has been given guidelines on what sort of information on ethical and OTC drugs should be allowed on the internet.

Directorate General III (industry) has advised the EC that the summary of a drug's characteristics, details of its package, leaflet, and its public assessment reports should not be considered as advertising within a web site, "...unless the presentation of this information clearly constitutes a 'hidden inducement' to promote the prescription supply, sale or consumption of the medicinal product".

It advises the EC to check web sites for such hidden inducements.

Pharmaceutical companies should also be allowed to correspond via e-mail with consumers, provided they are answering a specific question about a particular medicinal product. "Unsolicited correspondence (in any form, ie e-mail, letter, fax) does not fall under the above exception and may constitute illegal advertising," it says.

Patrick Deboyser, DG III's head of pharmaceuticals and cosmetics, said the guidance was overdue. "When Viagra was on the internet, Pfizer told us it could not put typical leaflet-type information on its European site because they thought they were not allowed to," he said.

DG III has also proposed a working party to look into direct pharmaceutical advertising on the internet because, according to Mr Deboyser, consumers are not receiving as much information as they need.

"I hope the committee will look at the pharmaceutical ads direct to the consumer with an open mind - I think the law is out of step with current developments," he said.

Mr Deboyser, who was speaking at a seminar, 'E-commerce and pharmaceuticals in the single market', held in London last week, called on pharmacists, pharmaceutical wholesalers and GPs around Europe to talk to each other about such advertisements.

Many European pharmacists, he added, have felt threatened by e-commerce and had not sought to exploit its potential.

While Mr Deboyser conceded that internet sales of pharmaceuticals would grow, he said they were unlikely to account for more than 5 per cent of the pharmaceutical market. The internet had more potential for sales of vitamins, minerals, supplements and OTC medicines.

Colette McCreedy, head of the practice division at the National Pharmaceutical Association, said pharmacists around Europe were using information technology to improve their businesses.

While internet enthusiasts, she added, could claim that free pharmaceutical trade was being held back by regulatory issues, such as marketing authorisations and advertising, these 'barriers' were safeguards designed to protect the public interest.

Ms McCreedy, who is also secretary of the UK delegation in the Pharmaceutical Group of the European Union (PGEU), agreed the public needed more information about medicines on web sites, but said there was a difference between advertising and unbiased information. "Advertising of prescription medicines to the public could bring pressure on the GP to prescribe, when that should be left to their professional discretion," she said.

The seemingly unregulated state of internet drug advertisements was evident on some US sites, she added, where customers could order medicines without a prescription, even though they would need one if they went through traditional channels.

Ms McCreedy said such development could undermine the network of community pharmacists who advise consumers. "The demeanour of a patient can reveal a lot, much more than you would see from clicking a mouse."

Consumers could also not be sure about the quality of pharmaceuticals they were ordering, assuming the company concerned was not well known. "I see web sites where incredible claims are being made for the products - there's no control over what's in them," she said. "And if you're advertising a product on television or in magazines, those mediums are responsible for those ads - you don't have that on the internet."

Ms McCreedy said the EC needed an in-depth study to examine the health aspects of e-commerce's impact on pharmaceuticals and healthcare systems. Apart from ruling on product quality and on who is responsible for mistakes, the study could also look at the safe transportation of medicines and controls to ensure they are used safely and correctly.

"We [the PGEU] recognise that economic factors are important and cannot be ignored. But the wellbeing of the public must not be put at risk by implementing processes with a focus only on the short term, ignoring vital long-term implications," she said.

Patrick Deboyser, DG III's head of pharmaceuticals and cosmetics

John Evans, a product liability lawyer for international law firm Ashurst Morris Crisp, said pharmaceutical companies may not be protected by law if they insert disclaimers on their web sites. A court could rule a company has broken local regulations by including information that advertises its brands.

Companies could play safe by using passwords to control access to their sites. If, for example, the surfer could only gain access by giving his or her e-mail address, the company could tell which country the surfer came from - each country has a different structure to its e-mail address - and could alter the information it made available accordingly.

Around 18 per cent of UK households now have an internet connection.

Drug firms spend $5.8bn on ads in US

Pharmaceutical companies spent more than $5.8 billion (£3.6 billion) in the US last year to promote their products to GPs and direct to consumers (DTC), according to IMS Health.

Advertising and promotions for GPs grew 18 per cent to $4.6bn, while that for consumers rose 23 per cent to $1.32bn.

The top advertised brand last year was Schering Plough's Clarityn, whose promotional campaigns cost $185.1 million, up 171 per cent over the previous year. The company spent nearly $82m promoting the Clarityn range to GPs, an increase of 23 per cent on 1997.

Eli Lilly, meanwhile, increased its DTC budget for Prozac by 82 per cent to $41.1m.

Television received the lion's share of DTC budgets: $664m last year, and $630m was spent on print advertising.

Bush leaves Peter Black for consultancy

Anthony Bush, sales and marketing director (brands) at Peter Black Healthcare, has left the company to set up on his own as a business consultant.

His eventual aim is to set up his own business to market complementary health products.

Mr Bush joined Peter Black after it acquired Ferrosan UK in December 1997.

He was managing director of one of the Ferrosan UK companies and has since been working on merging the two businesses, a process now complete.

He will continue to represent Peter Black on the Council of the Health Food Manufacturers' Association, of which he is currently chairman.

Mr Bush can be contacted on 01491 411022.

COMING EVENTS

THURSDAY, MAY 6

NICPPET (venue to be confirmed). 10am to 5pm. 'Patient-based Teaching' (Working with GPs Module, Unit 6).

FRIDAY, MAY 7

NICPPET at The White Gables Hotel, Hillsborough, 10am to 5pm. 'Seasonal Complaints' (Dealing with Symptoms Module, Unit 3).

ADVANCE INFORMATION

OTC Expo 1999 1st Trade Fair and Congress for health preservation, will be held on **May 6-8**, in Hamburg, Germany. Details from Jasmina Goic, The Trade Fair Group, tel: 0171 976 4180.

AAH Pharmaceuticals will be holding the next Vantage Convention on **May 6-9**, in Marbella. For further information contact Sandy Lindsay/Rae-Anne Gardner at Harrison Cowley, tel: 0161 437 4474.

BIRA meetings will be held on the following dates and venues: **May 7** at The Regent's Park Hilton Hotel, London - 'Training Day: Simply Chemistry & Pharmacy'; **May 10** at the Chelsea Millennium Hotel, London - 'The Switch Challenge - how to effectively move your products from Rx to OTC'; **May 21** at the Chelsea Millennium Hotel - 'Clinical Research Beyond 2000 - The Big Issues'; and **June 7** at the Strand Palace Hotel, London - 'Biotech Workshop: Non-Clinical Testing'. Contact Sue Stevens, ESRA, tel: 0171 515 7673.

IIR Ltd's annual meeting 'ADRs '99' will be held on **May 10-12** at The Berkeley Hotel, London and a Workshop on **May 12** at Brown's Hotel, London. To register please tel: 0171 915 5055.

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For further details contact Allan Orme on 0467 61177 / allanorme@aol.com or write to:

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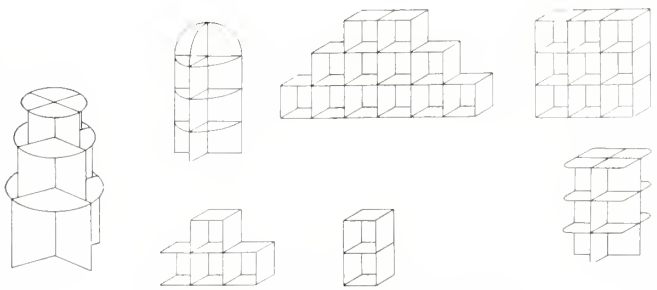

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Free entries in 'Business Link' (maximum 30 words) are restricted to community pharmacist subscribers to *Chemist & Druggist*. No trade advertisements will be permitted. Adverts must be submitted on the coupon (right), which must be properly completed, and include an expiry date for products. Acceptance is at the discretion of the Publishers and depends on the space available. Pharmacists should only advertise medicines for sale where the product is discontinued or in short supply. Medicines must be unopened and in original packaging.

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Dispensary for refugees

A Nottingham-based locum pharmacist is going to Albania this weekend to help establish a mobile pharmacy for Kosovan refugees.

Aamer Naeem, currently working at Lloyds Pharmacy in Mexborough, South Yorkshire, is flying to Tirana and will then transfer to Shkodër on behalf of the charity Muslim Hands. He has nine days to set up the mobile dispensary, which should help provide a health service for about 10,000 refugees.

The charity has already been sending out other aid for over a month. Mr Naeem is now looking for donations of medical supplies, pharmacy equipment and personal hygiene products for the refugees. AAH has already contributed some goods to the charity and a computer company in Newbury, Berks, has donated a laptop computer and software for the dispensary.

On his return to Britain, he will be able to start directing the medical supplies to the most appropriate areas for the refugees. Besides pharmacy equipment, his list of wants includes injectable and oral antibiotics, analgesics, and prochlorperazine, as well as oral loperamide, rehydration therapies, anti-spasmodics, frusemide, digoxin, steroids, inhalers, emergency medicines such as adrenaline, GTN and atropine, wound treatments, antifungals, vitamins and minerals. In addition, sanitary protection products and nappies are in particularly short supply, and other toiletries would be welcomed. Mr Naeem points out that as it is not known whether refrigeration will be available, he is not looking for donations of refrigerated medicines at the moment.

Muslim Hands is working within an umbrella group of charities in the Shkodër area. Anyone wishing to contribute to the charity can send stock to Muslim Hands at 205 Radford Road, Hyson Green, Nottingham NG8 1JX. Tel: 0115 911 7222. Cheques should be made payable to Muslim Hands and made clear that they are for the Kosovan refugees. Receipts can be supplied.

CPP awards two fellowships

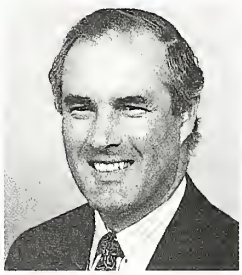
The College of Pharmacy Practice has awarded fellowships to Charles Butler and Professor Anthony Moffat.

Fellowship is reserved for members who have achieved a very high standard of practice and played a major role in promoting pharmacy practice excellence at local and national levels.

Mr Butler is a proprietor pharmacist and a founder member of the College. He has served the Reading branch of the Royal Pharmaceutical Society and the College of Pharmacy Practice in a variety of roles and is a regional co-ordinator for 'Pharmacy in a New Age'.

Professor Moffat is chief scientist at the Royal Pharmaceutical Society. In 1997 he became the first pharmacist to simultaneously achieve membership and the Advanced Award by Practice of the College. He has served both the Reading and Cambridge branches of the RPSGB and is a member of the British Pharmacopoeia Commission.

Charles Butler



Prof Anthony Moffat

Pharmacy assistant Rachel Broughton of Scholes (Chemists) Ltd, Withington, Manchester is the February winner of the Cambridge Counterpart draw. She was presented with a bottle of champagne by Whitehall Laboratories, sponsor of the pharmacy assistant training course offered through *C&D*. Pictured are Rachel with her certificate (right) and Whitehall territory manager Alison Cruickshank

APPOINTMENTS

Andrew Tasker is to be the new managing director at Pfizer Consumer Healthcare UK. He takes over from David Merrington, who retires in June after 37 years in the industry. Mr Tasker, who joined Pfizer in April, was most recently European director for marketing, advertising and media, and formerly UK commercial director for Bausch & Lomb.

At BASF Pharma, **Chris Schroder** has taken on the combined roles of managing director, Knoll Pharmaceuticals and general manager, Knoll Ltd. He will be responsible for BASF Pharma's business in the UK and Ireland.

The new chairman of the National Office of Animal Health for 1999-2000 is **Philip Lowndes**, chief executive of Novartis Animal Health UK. He succeeds Bill Hird, managing director of Elanco Animal Health. **Sam Black**, director of Leo Animal Health, is the new vice-chairman and **John Powell**, commercial director of the Bob Martin Company, remains treasurer.

At the fertility division of Serono, the post of fertility development manager for Trent and Newark has gone to **Jo Elliott**, and for the London area to **Peter McKinley**.

Calvin Klein Cosmetics Company has appointed **Gary Bridge** to the newly created position of media director, Europe. **Lynn Hill** has become education director, Europe.

Philip Lowndes

Sam Black

Dr Terry Maguire has been presented with the Schering Award for his outstanding contribution to pharmacy practice. The award is in recognition of his contribution in the field of health promotion and pharmaceutical care. Dr Maguire is president of the Pharmaceutical Society of Northern Ireland and vice-chairman of the Pharmacy Healthcare Scheme

Dressed to pill

Ever thought how wasteful it is to incinerate all those unwanted medicines? How about attaching all your dumped tablets to a ball gown to create a truly head-turning piece of evening wear.

Bristol GP Liz Lee and artist Susie Freeman attached 6,550 foil wrapped contraceptive pills to a ball gown to "highlight the range of different media that can be used to get across the often complex information that patients need". The pills represent 26 years of contraceptive protection and contrast with the outfit's intra-uterine device necklace which provides protection for the same length of time.

The Wellcome Trust

The award winning dress

The Wellcome Trust Sci-Art award-winning design, entitled 'Come Dancing', will be on display at Nottingham's Harley Gallery later this year.

Glaxo's welcome donation...

Two medical centres have opened in Rwanda thanks to a Glaxo Wellcome donation of over £100,000. The centres in Umutara Prefecture will serve refugees who returned to Rwanda after the civil war, as well as local people who remained in the region after the 1994 genocide

James Stejskal

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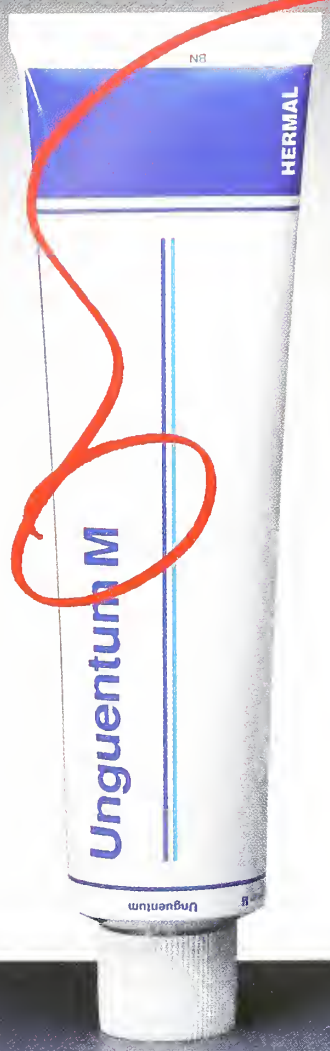

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